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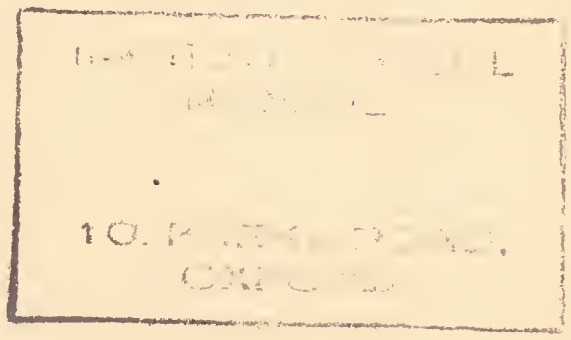
C.P.———
1951–1952

HERTFORDSHIRE COUNTY COUNCIL.



ANNUAL REPORT

ON

SCHOOL HEALTH

OF

HERTFORDSHIRE

for the years

1950-51

By

J. L. DUNLOP,

M.D., D.P.H.,

School Medical Officer.

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County Hall,
Hertford.
February, 1952.

To the Chairman and Members of the Education Committee.

Ladies and Gentlemen,

This report combines my eleventh and twelfth reports on the health of the school children of Hertfordshire.

Dr. Livingstone, who for the past four years has been largely responsible for the text of these reports, left my staff at the end of February, 1951. Before going he drafted notes on those features of the report in which he was particularly interested. The inability to find a successor to Dr. Livingstone and the resignation, later in the year, of my chief and deputy chief clerks, made it impossible to complete the report for 1950 until the statistics for 1951 were ready. The Education Special Services Sub-Committee readily accepted my advice that time and money would be saved, and the document be more valuable, if the reports for the years 1950 and 1951 were combined.

Most of the comment relates to 1950, but the 1951 figures have been studied in the light of this comment.

My last introductory letter was written in an optimistic mood. An experienced team of whole-time assistants had written with cheerful insight on their work. The National Health Service was being made to work satisfactorily, divisional administration was going well, and a drive to obtain really complete details on the number of handicapped children in the County had been completed.

Now, after nineteen months, one is disquietingly aware of disturbing trends. Several senior members of the whole-time staff have left, and attempts to replace them by recruits from the Public Health Post-Graduate Training Schools have failed. But for the fact that we are fortunate in being able to call on a number of married medical women resident in the County for part-time work, it would be difficult to maintain the services.

The growing recognition of the country's financial state has inevitably affected one's attitude towards the Service. One can no longer aim at the ideal. Desirable but not essential improvements have had to be firmly set aside. New and traditional expenditures have to be justified and rejustified, both in one's own mind and before Finance Committees. The emphasis now is on doing the job equally well at less cost. This is not the atmosphere in which one had hoped to work, but it is the penalty of the times in which we live, and has to be accepted.

The introduction of the National Health Service has made it difficult to know with any certainty what is, and what is not, essential to our residual School Health Service. In the days when parents could claim that they could not afford to obtain early advice and treatment there was every justification for a routine inspection service designed to find the early defect, and arrange for it to be adequately treated. There is no longer any excuse for the parent who does not seek early advice.

Can we be sure that advice is being obtained and acted upon? In my opinion, it is too early to be sure that it is. The original "age group" examination system justified its conception by its results. It may be extravagant now. We do not know, but we cannot afford to abandon it until

we are sure that we have a satisfactory substitute. It may be that the answer lies in an effective link between the school medical staff and a teaching staff given a specialized training in health education, physical education, and co-operation with the School Health Service ; but until the teaching profession has been brought up to strength one cannot do more than speculate on the possibilities of a scheme of this kind.

For the first time for some years the County Dental Officer has been able to allow a more cheerful note to prevail in his report (page 61). I have no intention of discussing the justification for charges under the National Health Service, but I have no doubt that the introduction of charges for general dental services will do more to establish the priority dental service quickly than any negotiations undertaken in the attempt to reconcile the earnings of the local authority dentist with those of his colleague giving General Dental Service.

The adverse comment on the influence of television, as an element in the home life of the modern school-child (page 9), was noted by the Special Services Sub-Committee when the draft 1950 report was before them. It was decided that the subject was of sufficient interest to be referred to the Herts Teachers' Association for their observations.

Once again I have to acknowledge with thanks the work of those who have done so much to help me in the two years under review. I am particularly grateful to the Head Teachers in the County, to whose invariable helpfulness and co-operation the senior members of my staff have paid tribute on many occasions.

I am, Ladies and Gentlemen,

Your obedient servant,

J. L. DUNLOP,
School Medical Officer.

SCHOOL HEALTH

IN

HERTFORDSHIRE

for the year

1950

SCHOOL REPORT FOR 1950

SCHOOL MEDICAL AND DENTAL STAFF

A. Whole-time Staff.

School Medical Officer.

Dunlop, J. L., M.D., D.P.H.

Deputy School Medical Officer.

‡Stewart, W., M.B., Ch.B., D.P.H.

Senior Assistant School Medical Officer.

‡Livingstone, F. D. M., M.B., B.Ch., M.R.C.P., D.C.H., D.P.H.

Divisional School Medical Officers.

Dacorum Division.
*Gross, M., M.B., B.S., D.P.H.

South-West Herts Division.
*Pearson, R. C. M., M.D., M.R.C.P.(E.), D.P.H.

St. Albans Division.
‡*Sleigh, J. C., M.B., Ch.B., D.P.H.

North Herts Division.
‡*Walker, V. R., M.B., Ch.B., D.P.H.

Mid Herts Division.
‡*Taylor, G. R., M.B., B.S., D.P.H.

Assistant School Medical Officers.

‡Allinson, R. M., M.B., Ch.B., D.P.H.
‡Chalmers, A. R., M.D., Ch.B., D.P.H.
Crawley, J. E., M.D., Ch.B., M.R.C.P.(E.).
Gilmore, M. P., M.B., B.Ch., B.A.O.
*Jones, E. M., M.B., Ch.B., D.P.H.
Karpati, L., M.D.
‡Keith, H. M., M.B., Ch.B.
Kennaway, M., M.B., Ch.B., D.P.H. Resigned 25.9.50.
McCabe, E. M., M.B., Ch.B.
‡Miller, M. S., M.B., B.Ch., B.A.O., D.P.H.
Moynihan, S. J., M.R.C.S., L.R.C.P.
Ormiston, H. E., M.B., B.S., D.P.H.
Ward, M., M.B., Ch.B., D.P.H.

B. Part-time Staff.

Assistant School Medical Officers.

Bradnock, G. M., M.B., B.S.
Gregory, J. C., M.R.C.S., L.R.C.P.
*Hillis, C. R., M.B., B.Ch., B.A.O.
Jonas, W. H. P., M.R.C.S., L.R.C.P.
King, D. M., M.R.C.S., L.R.C.P., D.C.H.
Miall-Smith, G. M., M.B., B.S., D.P.H.
Mortis, R. H., M.R.C.S., L.R.C.P.
Munro, S. D., M.R.C.S., L.R.C.P.
Nunn, J. A., B.M., B.Ch. (Oxon).
Phillips, E. S., M.B., B.S.
Porter, A. S., M.R.C.S., L.R.C.P.
*Scott, C. M., M.R.C.S., L.R.C.P.
Symonds, W., M.B., B.S., D.C.H.
Tresilian, K. E., M.B., B.S.

County Ophthalmic Officer (*Honorary*).

Kathleen F. Matthews, M.R.C.S., L.R.C.P., D.O.M.S., D.P.H.

* District Medical Officers of Health.

‡ Approved by the Ministry of Education for the ascertainment of educationally subnormal pupils.

C. Dental Staff.

County Dental Officer.

Wilson, A. C., L.D.S., R.C.S.Eng.

Specialist Assistant Dental Officer (Orthodontist).

Daplyn, R. C., L.D.S., R.C.S.Eng. (part-time).

Assistant Dental Officers (whole-time).

Ford, M. R., L.D.S., R.C.S.Eng. (Resigned, August, 1950.)
Price, D. R. P., L.D.S., R.C.S.Eng. (Resigned April, 1950.)
Wilson, J. M., L.D.S., R.C.S.Eng.

Assistant Dental Officers (part-time).

Catchpole, O. N., L.D.S., R.C.S.Eng.
Fisk, S. W., L.D.S., M.R.C.S., L.R.C.P.
Ford, M. R., L.D.S., R.C.S.Eng. (From September, 1950.)
Jones, F., L.D.S., Manc. (From February, 1950, to May, 1950.)
Leek, F. F., L.D.S., R.C.S.Eng.
Maclachlan, D., L.D.S., H.D.D.
Preedy, J. M., L.D.S.Durh.
Rabson, R. P., L.D.S., R.C.S.Eng.
Tanner, P. M., L.D.S., R.C.S.Eng.
Wheldon, G. W., L.D.S., R.C.S.Eng. (From June, 1950.)

Eight Dental Attendants were employed to assist the Dental Officers at Clinics and School Inspections.

D. Nursing Staff.

County Nursing Officer.

Miss F. MacDonald, S.R.N., S.C.M., M.T.D., C.R.S.I., T.A., H.V., Q.N.

Deputy County Nursing Officer and Divisional Nursing Officer for South and East Herts.

Miss E. O. Roberts, S.R.N., S.C.M., M.T.D., H.V., Q.N.

Divisional Nursing Officers.

Dacorum and St. Albans Divisions.

Miss E. Cooke, S.R.N., S.C.M., S.R.F.N., H.V., Q.N.

North and Mid Herts Divisions.

Miss E. E. Williams, S.R.N., S.C.M.

South-West Herts.

Miss N. S. Teed, M.B.E., S.R.N., S.C.M., H.V.

There are 50 County Health Visitors and School Nurses, and 61 District Nurses who carry out School Nursing.

E. Medical Auxiliary Staff.

Orthoptists.

*Miss Sheila D. Price (part-time).
*Miss P. M. Baxter (full-time).
*Miss M. A. Bickerton (full-time).

Speech Therapists.

Senior Speech Therapist (part-time).

Mr. Leonard A. Willmore, L.C.S.T.

Speech Therapists.

Miss J. M. Chapman, L.C.S.T. (full-time). (From 11th September, 1950.)
Miss J. M. Collins, L.C.S.T. (part-time). (From 14th February, 1950.)
Miss G. Farmer, L.C.S.T. (full-time).
Mrs. M. Greene, L.C.S.T. (part-time).
Miss A. McIlroy, L.C.S.T. (full-time). (From 11th September, 1950.)
Mr. C. N. Ogden, L.C.S.T. (part-time). (From 13th February, 1950.)
Miss J. Otter, L.C.S.T. (Resigned 28th July, 1950.)

* Diploma British Orthoptic Board.

NATIONAL HEALTH SERVICE ACT, 1946

It will be remembered from previous reports that the local Education Authority may now discharge the bulk of its responsibility for the provision of medical treatment through the facilities available to the public under the National Health Service, without itself incurring financial responsibility. Thus treatment may, in certain conditions, be given in the Authority's own clinics but will generally be provided through the Hospital (Part II), or the General and Supplementary (Part IV) Services available to the public under that Act. With the ending of the Authority's liability to pay to the Hospitals the cost of maintaining and treating school children as patients, there lapsed various schemes, e.g. orthopædic, tonsil, and adenoid.

These schemes were developed by the Local Education Authority when it was not possible to get treatment through any of the existing services. They have come to be regarded as dealing with conditions which merited special interest on the part of the School Health Service. Under the new order, of course, there is no longer any greater interest in these conditions than in any others which can interfere materially with the fitness of pupils to take part in a full school life. The Hospital Service has found it convenient in the Watford area to look to the Divisional Medical Officer for guidance on the selection of cases for operative treatment from the tonsils and adenoids waiting lists.

Consultations with the local Medical Committee showed that the majority of general practitioners wished to be entirely responsible for the treatment of patients registered on their lists. Accordingly, the policy now is that there should not be direct reference of children by the Assistant School Medical Staff to Hospitals or Specialist Clinics. The Assistant School Medical Officers have accepted this decision loyally, and their reports this year show that this system works quite well. In practice, however, those in the School Health Services find that they are often unable to find out without wasteful expenditure of time and effort :—

(*a*) If the handing of defect notices to the parents has been followed by consultation with the family doctor, and if so,

(*b*) whether or not treatment has been advised by him and, if advised, obtained.

It is probable that more information will be obtainable in future regarding hospital in-patient treatment, as a result of moves made by the Ministry of Education. It remains to be seen, however, as regards the Part IV Service, if the family practitioners who are insistent that they alone shall arrange for all forms of treatment, have the means and the will to ensure that there is the two-way flow of information which is essential, if the School Health Service is to play its proper part both as a preventive Health Service and as an adjuvant to the general medical care of the child. Several reports mention that where children do not receive the treatment advised under the National Health Services it is usually because the parents have either lost or mislaid the notice, or said that they cannot undertake the long wait at a busy surgery, particularly if this involves loss of paid time from their employment. One medical officer stated in her report : " It is very disappointing to do careful work and be kept in ignorance of the result." One can agree whole-heartedly with this without implying criticism of any individual or group. However, a truly National Health Service should have as one of its main objects a proper co-ordination and contact between the various doctors who may examine or treat a child. Many practitioners are so busy that they cannot find the time or inclination for correspondence. Certain School Medical Officers have written that even when a personal note is sent, they seldom receive any reply from the doctors, and that it is more satisfactory to seek them out personally. This, however, is not easy when the Assistant Medical Officer covers a wide area and, clearly, there is room for further study of means of developing and improving liaison. The basis of goodwill exists, and ways must be found to build upon

these foundations. One had hoped that approach would have been through the joint use of communal Health Centres, but the course of events makes such hopes unlikely to be fulfilled.

A short note was made last year on the negotiations with the Regional Hospital Boards. This year there have been further discussions with the North-East Metropolitan Hospital Board and it seems probable that as a result the Board will instruct its Hospital Management Committees concerned to take over the School Eye Clinics as an integral part of the Hospital Services on 1st April, 1951. There has not been further progress to report in the negotiations with the North-West Metropolitan Hospital Board. Here there is a larger area to cover and the arrangements have to be fitted into the framework of contracts with staff working also in the area of other authorities. The delay in arriving at a settlement although unexpected need not occasion surprise, since this County is placed in an awkward position by the division of its territory between no fewer than three Hospital Regions.

Nor need the delay cause any regrets on the score of finance as the Hospital Board have agreed to reimburse the County Council any out-of-pocket expenses incurred since 1st April, 1950, in payment of sessional fees.

Our School Ophthalmic Service was well organized before the appointed day and has been left intact by the Metropolitan Regional Hospital Boards.

MEDICAL INSPECTION

Four routine age groups were examined, i.e. Primary entrants, eight-year olds, Primary Leavers, and Secondary Leavers. The school population increased by 606 only during the year, to reach a total of 70,852. 150 more routine inspections and 249 more special inspections took place; re-inspections at 25,214 exceeded last year's figure by 959. These figures show that in spite of some staffing shortage the work of inspection was well maintained. The sharp decline of special inspections is arrested, so that the situation may now be stabilizing itself at a new level, following the sudden changes brought about by the introduction of the State Medical Service for all.

Numbers seen at Special Inspections and Re-inspections

	1950.	*1949.*
Specials.		
At School Medical Inspections . . .	1,240	1,211
At Minor Ailment Clinics	3,379	3,736
At Ophthalmic Clinics	2,454	1,877
	7,073	6,824
Re-inspections.		
At School Medical Inspections . . .	19,114	17,842
At Minor Ailment Clinics	1,759	2,739
At Ophthalmic Clinics	4,341	3,674
	25,214	24,255

EXTRACTS FROM THE REPORTS BY THE ASSISTANT COUNTY MEDICAL OFFICERS.

Once again reports speak of the interest taken by parents in the medical inspection of their children; for example, Dr. Chalmers (St. Albans) states: "Parents are continuing to take an active and, indeed, an increasing interest in routine and special inspections. It is now unusual for an entrant to be unaccompanied at medical examination, and in all age groups, particularly among the girls, more mothers are attending inspections each term. During the past year, too, several fathers escorted the children when the mothers were ill or otherwise occupied." Dr. Moynihan (Letchworth), referring to talks which she had given to evening meetings of parent-teacher associations, writes :—

"During the year I have attended a number of parent-teacher meetings in the evenings, giving a short talk and then answering questions. I find many parents most interested in the work of the School Medical Officer, and anxious for information on various aspects of child health. The teachers tell me they find these meetings well worth while, and parents frequently follow up the meetings by applying for help and advice."

Thus, although it is fashionable to decry the modern parent and to lament parentcraft as a dying art, one is met here by evidence that parents are, on the whole, keenly interested in their children, and are facing up to their responsibilities. Unfortunately, anxious concern for the health of the child is sometimes matched with an apparent lack of the firm hand in the home. The reports of school medical officers year by year have stressed how large is the number of children who can be recognized at school as suffering from the effects of insufficient sleep. This year proves no exception to the rule. Dr. Moynihan (Letchworth) has stated :—

"Shortage of sleep is still apparent amongst the school population. The children look permanently tired and are drowsy in class. After questioning a number of these children it seems that television has aggravated the difficulty of getting them early to bed. When there is a set in the house there is a programme to watch every night instead of them staying up only two or three nights a week to visit the cinema."

Dr. Munro (Hitchin) has reported in a similar strain :—

"Television—this is a word creeping more and more into inspections. Some children 'look in' every night, others only at week-ends. The white drawn faces and tired eyes still do not persuade parents to use their authority. In one Infants' School I visit it is a regular practice of a number of children to take a short 'nap' during lessons on a Monday morning, much to the teachers' annoyance."

It seems therefore that television is replacing the cinema as the whipping boy of the School Doctor. Perhaps before long "Television Syndrome" or "Cathode Rayitis" will make an unfamiliar appearance in up-to-date medical textbooks. If common sense and discipline do not again prevail when the novelty of the new medium has worn thin it seems that the new technique, whatever its educational or social implications, will not be an unmixed blessing to the younger generation.

Apart from the harm done by constant late hours, there is also the effect of eyestrain to be considered upon those with defective vision. Moreover, with technical developments, larger and brighter pictures suitable for daylight viewing are now commonplace. It is no unusual thing when visiting homes to find youngsters grouped around the television in a stuffy room, perhaps watching the broadcast of some sports event, when normally they would themselves have been enjoying physical exercises in healthy fresh air. Larger and brighter images are probably still to come and will be made possible by, amongst other things, greatly increased tube kilovoltages. The hazard of fire or lethal shock which may or may not then arise is not primarily the concern of the doctor. Dr. Livingstone, my Senior Assistant, who is a keen amateur wireless and television enthusiast, expressed concern as to the probable effects of secondary emission of rays or particles capable of producing noxious effects upon those exposed to them for prolonged periods at close range. He foresaw, in the event of his fears being justified, a family group of the future settling down to view their home entertainment wearing lead aprons or metal visors. However, the possible dangers of radio active emanation from television sets has been discussed with a Professor of Physics at a leading hospital where radiotherapy is widely practised and a very definite assurance has been given that there is no danger whatsoever. In fact, the cathode ray tubes in television sets only produce very minute quantities of X-rays and these are so weak that they are stopped by the opaque screen in front of the set.

GENERAL CONDITION

Close upon 30,000 pupils underwent routine inspection this year. Of these 42·1 per cent (38·7) were recorded as in group " A " (Good), 54·4 per cent (57·1) in group " B " (Fair), and 3·5 per cent (4·2) in group " C " (Poor). The figures in brackets show the comparable percentages in 1949, and indicate that there has been an overall improvement. The remarks of Dr. Karpati (Ware) may have some bearing on this change : " I believe that it is a great blessing for the poor children to have medicines and medical attention ' for nothing '. Now I have been here ten years and the standard of nutrition among children has improved steadily, but physical defects have declined since the introduction of the Health Service. Besides visual defects, only asthma is as prevalent as before. The percentage of " A " nutrition is on the increase and " C " on the decrease. In a batch of new entrants one often finds that the weight of most of the children is above the ' average '."

MILK AND MEALS IN SCHOOL

There was a slight fall during 1950 in the number of children taking school dinners, as the proportion fell from 68·65 per cent to 64·32 per cent, while the school population rose only slightly during the same period. Last year the numbers taking free milk fell from 88·1 per cent to 86 per cent of the total number of pupils in school and this year another fall of 2 per cent took place, bringing the total acceptance rate down to 84 per cent.

The probable reason for the fall in popularity of milk is that domestic supplies of milk are now much more plentiful than during the time of milk rationing, and therefore many children probably have their milk requirements satisfied at home. The fall in school dinners supplied is not so easy to explain, but does not seem to have been related, as closely as might perhaps have been thought, to the raised price of the meals to the parents. The County Education Officer made careful inquiries at the time without discovering any one single cause.

The following report by the County Health Inspector on various aspects of School Hygiene and other questions which either directly or indirectly affect the health of the school children, will be of interest to the Committee and of value to the head teachers.

Milk in Schools Scheme.—As in 1949, all school departments, including day nurseries and nursery schools, were supplied with pasteurized or tuberculin tested milk.

The following Table gives the proportion of the various grades of milk used. The figures in brackets represent the corresponding figure for 1949.

Dairies	Grade of Milk	School Departments supplied	Nurseries supplied
63	Pasteurized	334 (300)	39 (36)
6	Tuberculin tested . . .	8 (22)	— (1)

It will be seen that " heat-treated " milk is now no longer supplied, as this description for a certain class of milk became obsolete under the Milk (Special Designation) (Pasteurized and Sterilized Milk) Regulations, 1949, and it then became necessary for those dairymen who were heat-treating milk to obtain a pasteurizers' licence and for their premises to comply with the provisions of the Regulations.

Sampling.—Schools and nurseries are visited by the County Sampling Officers and the milk supplied by each individual dealer is tested at least twice

a term. The larger suppliers of milk to schools are sampled more frequently. Pasteurized milk has to comply with the phosphatase test to ensure that it has been subjected to a sufficiently high temperature for the specified period of time which will ensure the destruction of pathogenic organisms. A modified methylene blue test is also used to determine the cleanliness or otherwise of pasteurized milk. Tuberculin tested milk has to comply with a methylene blue reduction test, the result of which is indicative of its cleanliness. The following Table shows the results of samples taken.

	No. of Samples	Phosphatase Test		Methylene Blue Test	
		Pass	Fail	Pass	Fail
Pasteurized . .	447*	430	13	442	5
Tuberculin tested .	62	—	—	55	7

* In the case of four samples, the laboratory carried out the methylene blue test only.

While the thirteen phosphatase test failures which occurred in school milk during the year may be classed as being not very satisfactory, some of these failures were in fact due to raw tuberculin tested milk having been supplied on infrequent occasions by dealers who undertook to supply pasteurized milk. This practice is frowned upon and the sample is recorded as a " failure " unless a satisfactory explanation is given for the occurrence.

Throughout the year liaison has been maintained with the local authorities and the Ministry of Agriculture and Fisheries where milk samples have failed the prescribed tests when taken at the school. If the milk is pasteurized and a failure is recorded then it is possible for this Department to investigate directly at the plant where the milk is processed, provided it is within the licensing area of the County Council. Information regarding other pasteurized milk failures are forwarded to the licensing authority for the plant in question. Where a raw tuberculin tested milk fails the methylene blue test, the Area Representative of the National Milk Testing Service is informed and also the County Agricultural Executive Committee. This enables the farm to be visited and samples to be taken to detect any trouble which may have arisen in methods of production or distribution.

In some cases it is found that where a sample fails, the fault lies not at the farm where the milk was produced or the dairy where it was pasteurized, but at the retail dairy stage where bottling was carried out. The District Councils are responsible for registering these retail dairies and follow-ups are made whenever trouble is suspected at such premises.

School Canteen Milk.—Towards the end of the year the Central Purchasing Department invited tenders for the supply of milk to school canteens. Contracts have now been arranged and in all cases dairymen are supplying pasteurized milk to school canteens. While it may be said that canteen milk is generally used for cooking purposes and, therefore, subjected to heat in one form or another, there is always a chance that it may be used raw on occasions and an unsatisfactory grade of milk could only be treated with suspicion. Pasteurized milk, provided that the process has been carried out conscientiously, is free from pathogenic organisms. The one pathogen which is likely to cause the most trouble in young children is the tubercle bacillus, and any effort is worth while to ensure that children do not become infected with this organism.

Arrangements are at present being made to include canteen milk in our sampling scheme to ensure that it has been properly processed. Though there are 239 school canteens in the County it will not be difficult to cover these in a sampling scheme, as in the majority of cases pasteurized milk is supplied by well

established dairies which are already being sampled or supervised by the County's Officers either through the Milk in Schools Scheme or through their responsibilities for supervising pasteurizing establishments licensed in the County.

School Canteens.—District Councils are responsible for ensuring that food is prepared and stored in premises which comply with the standard laid down in Section 13 of the Food and Drugs Act, 1938. Most District Councils have also made by-laws under the Food and Drugs Act, 1938, for regulating the handling, wrapping, and sale of food. During the year it was arranged for Sanitary Inspectors of District Councils to pay occasional visits to school canteens and food preparing premises used under the School Meals Scheme. These officers will be able to proffer any advice or assistance which may be required in connection with the handling of foodstuffs and the equipment of premises used for such purposes.

Swimming Baths.—Regular sampling from those swimming baths used by the County Council's school children was maintained during the year. In all, 252 samples were taken from 26 baths approved for use in the County, of these 226 were satisfactory, 2 were of doubtful quality, and 24 were unsatisfactory.

Sixteen baths had no failures during the season. These were all of the continuous flow type with pressure sand filtration and chlorine injection.

Six baths had one failure each, five of these being of the continuous flow type, while one bath used the " fill and empty " system.

Three baths had two failures each, all being of the continuous flow type.

One modified " fill and empty " bath had four failures during the season, while another " fill and empty " bath had a total of twelve failures.

The swimming baths used can be divided into two categories, those using the continuous flow system with pressure filtration and those which use the " fill and empty " system. As will be seen from the above summary the former type of bath usually give very good results, while the latter type can prove rather unreliable. The " fill and empty " bath which produced twelve failures during the year was consistently lacking in free chlorine, but fortunately as the result of several advisory visits, the supervision of the bath was improved and the recent sampling history has shown a greatly improved bacteriological standard of the bath water.

At another " fill and empty " bath which was used by the school children during the year, arrangements have now been made for the supply of a pure source of water from a bored well in the vicinity. The bath is filled to a certain level by spring water, and formerly " topping-up " water was supplied from a nearby stream after filtration had been carried out. The bacteriological quality of the stream water was often in some doubt, especially in times of heavy rainfall, and the provisions of the bored well removed the objection to this bath which was held formerly. The water is chlorinated.

At a bath using the continuous flow purification system some modification has been carried out and an installation provided which will give what is known as " break-point " chlorination. This is an improvement on the old methods of chlorination in that the chlorine dosage is regulated carefully, to be of sufficient strength to " break down " the organic matter contained in the water and to preserve at all times a free source of chlorine to attack bacteria which may be introduced by bathers. With this method of chlorination the alkalinity of the water must be carefully adjusted to obtain the best results.

The following is a copy of a letter put in the Schools' Bulletin at the request of certain District Councils :—

Personal Hygiene in relation to Swimming Baths.

" Great care is taken to ensure that swimming baths used by school children are maintained at a high standard of purity.

Many local authorities and other proprietors of swimming baths have gone to considerable expense in installing elaborate chlorination and filtration

plants. The efficiency of these plants depends on the volume of water to be treated, the degree of pollution of that water, and the " resting-time " of the bath during which the cleansing process is not offset by further contamination.

In some small baths at peak hours it is very difficult to step-up the chlorination and filtration to give the necessary margin of safety. The personal hygiene and cleanliness of the bathers may be an important factor in determining to what extent the chlorine in the water is depleted to a dangerously low level.

It is impracticable in most baths to adopt the elaborate precautions such as preliminary bathing and inspection, which has been in force particularly in the United States. A great deal can be done, however, to improve the hygienic standards of the public who use our swimming baths if children are given during their hygiene lessons some instruction on the need for a particularly high standard of personal hygiene when using communal facilities, and in connection with this there should be some formal—though not necessarily detailed—inspection of the children before they are allowed to enter the bath.

There is great scope for using the school hygiene lessons as a means of helping authorities responsible for swimming baths to maintain them at a high standard of purity. The soiled clothing which is found from time to time in swimming pool changing rooms shows that some of the users fail to observe socially accepted standards of cleanliness."

INFECTIOUS DISEASES

In 1950 the number of cases of acute anterior poliomyelitis notified was less than the previous year, being 89 compared with 133. Of the total notifications, 80 were confirmed as poliomyelitis and two as poli-encephalitis. The number of notifications of confirmed cases relating to children between the ages of 5 and 14 years was 39.

As in the previous year a very detailed inquiry was made in co-operation with the local Sanitary Authorities into the circumstances of each case reported and a report was sent to the Medical Research Council's investigators at Cambridge. This has been discontinued since the end of the year but a new form of inquiry is being instituted for cases occurring in 1951.

The number of notifications of measles fell from 6,000 in 1949 to 4,750 in 1950 but there was a slight increase in whooping cough notifications, being 2,446 compared with 2,365 in 1949. Scarlet fever notifications totalled 793, an increase of 296 compared with the previous year.

It is pleasing to record that in Hertfordshire not one case of diphtheria was notified during the year. The numbers of school children protected against diphtheria continued to be very satisfactory and there were 7,100 primary immunisations completed during the year and in addition 6,610 children received boosting doses.

Food Poisoning.—The record of the school meals service was a good one, since throughout 1950 no outbreak of food poisoning was reported from any of the Council's schools. The summer was wet and cold, so that the storage of perishable foodstuffs during this season was easier than usual.

INCIDENCE AND TREATMENT OF DEFECTS

The statistical tables as printed on pages 50–54 have this year been recast in accordance with the wishes of the Minister of Education, as expressed in Memo No. 348, dated 3rd February, 1950. The Treatment Tables have undergone regrouping and modification. Eye diseases and ear diseases have been withdrawn from Group I of the Table and placed in Groups II and III respectively. Group III (Ear, Nose, and Throat) is more detailed than before. A new seventh group has been added which comprises :—

(*a*) The miscellaneous minor ailments previously included in Group I.
(*b*) The details of treatment given for defects or conditions not included in the six preceding groups.

The figures in all seven groups have been subdivided to show the source of treatment, i.e. whether through the Local Education Authority's clinics or schemes or otherwise, viz. jointly or through Parts II or IV of the National Health Service Act. Only incomplete information can be given on treatment obtained otherwise than through the Authority's schemes since much of this will take place unknown to the School Health Service. In order that as much useful information as possible should be obtained when children are medically examined, the school doctors inquire from parents if any medical treatment has been recently obtained and from which source. Also, head teachers have been asked to bring forward, for the doctor's examination as " specials ", all children who have been away from school for any considerable time for medical reasons. This latter action has an added value as it enables children, possibly still in a delicate condition, to be seen by the doctor and advice given to the head teacher as to their fitness to participate in the full school curriculum.

It seems certain that the figures recorded in the " otherwise " column are a serious underestimate in several of the groups and they are not accurate enough to allow of valid comparisons with the treatment tables of previous years.

So far as the figures go, the following conclusions seem to be justified :—

Group I (*Skin*).—Ringworm (scalp)—an increase from 7 to 25 cases. Ringworm (body) and Scabies—both decreased. Impetigo—reduction of about 40 cases.

Group II (*Eye*).—External diseases show little change. Vision tests by refraction greatly increased and errors of refraction treated rose from 4,710 to 6,586. The numbers of spectacles prescribed were, however, little different.

Group III (*Ear, Nose, and Throat*).—Detailed information is now provided in this group of the numbers of cases receiving operative treatment for diseases of the ear, tonsils, and adenoids and other nose and throat conditions. There is an increase of 321 in the numbers of cases where tonsil and adenoid operations were performed and in addition 36 other operations were performed. There is also an increase of 42 in the number of cases recorded, where other forms of treatment were provided.

Group IV (*Orthopædic and Postural Defects*).—No comparison possible. Comprehensive figures for school children were not available. The 794 quoted represents the actual numbers of cases " known " to the Local Education Authority, but the total must be, in reality, two or three times this figure, since orthopædic defects are now the largest group found by inspection.

Group VI (*Speech Therapy*).—An expansion in the work of the Authority's Speech Clinics will be noted.

Group VII (*Other Treatment Given*).—A lower figure again obtains for the treatment of miscellaneous minor ailments in the school clinics.

Orthopædic Defects.—These once again formed the principal Groups of defects found to require treatment. Postural defects and flat feet this year formed a smaller proportion of the total. Defects of posture, however, were very common, since over 500 required treatment, and over 300 observation. Several medical officers spoke of the encouraging results which school gymnasts had obtained by remedial exercise classes.

Dr. Symonds (Hitchin Girls' Grammar School) reported :—

" We like to get these girls early, as they are much more resistant after

fourteen years old. The posture defects of early teens seem very often mainly general debility or nervous debility, and we always try to tackle this aspect."

These views on the causation of faulty posture in teen-agers are endorsed by several other reports, as for example that of Dr. Keith (Berkhamsted), who wrote :—

" During the year I have found 137 cases of bad posture, severe enough to be recorded and require continued observation. Some of these were part of a general picture and could be corrected by attention to certain matters—such as late hours—but others required more strenuous treatment. In all, 22 cases had to be referred for orthopædic treatment via their own doctors, or were already having it. The others, forming the majority, were simply round shoulders and poor stance, with general slackness and lack of muscle tone, and in almost every case I found one or more of the following predisposing causes :—

Late Hours.—Frequently with too much television and/or frequent visits to pictures.

Unsuitable Diet.

Overcrowded Homes—with unsatisfactory sleeping conditions. I also found that many were catarrhal types, with poor chest expansion, very often sleeping with tightly closed windows. In almost all cases of poor and slack posture there was general lack of ease at home.

In none of these 137 cases was anything found to be wrong with the spine, and all those requiring treatment, and receiving it, improved. Apart from these I found in my area only seven cases of true Kyphosis—mostly with scoliosis. All these received treatment."

Foot Defects formed a large and important group, and these are to a great extent produced by the action of unsatisfactory footwear on latent defects or weakness of the foot. There is clearly much scope for the education of parents and children both in foot hygiene and in the choice of correct footwear.

There is a tendency, especially among the older girls, to adopt pointed or narrow-toed shoes ; these cramp the toes or draw them into unnatural positions. If the shoe is not long enough it may not allow for the lengthening of the foot arch which occurs during walking or exercise. The feet of children grow rapidly, but shoes, being costly, cannot readily be replaced, so they are often repaired and used when outgrown, and have become so short and/or tight that corns, hammer toes, overriding toes, deformed nails, and footstrain are likely to arise. Dr. Chalmers (St. Albans), for instance, has commented :—

" Hallux valgus and overcrowded toes were relatively frequent. Unfortunately sandals and Wellington boots seem to be the only footwear children possess and they are worn alternately, depending on weather conditions. Fortunately, sling-back shoes have practically disappeared among the older girls, and it is to be hoped that that particular fashion will remain in obscurity."

Dr. Keith (Berkhamsted) wrote :—

" Parents are learning the value of good fitting shoes for school children, but the habit of constant and prolonged wearing of plimsolls and Wellingtons is hard to break down."

Dr. Moynihan (Letchworth) comments on this question as follows :—

" The persistence of large numbers of defects of the feet, in spite of an easing of the shoe situation is very depressing. Most of the ' teen-age ' girls have incipient hallux valgus and overlapping toes showing a tendency to wear shoes that are too short. The lengthening of the foot is a big problem, as many girls over the age of ten take bigger shoes than their

mothers and parents find this difficult to believe. The increase in bare foot exercises in schools is helping to improve the minor degrees of pes planus in the primary schools and the softer soles supplied in post-war shoes should help this improvement."

There seems then scope both for remedial classes in ordinary schools and for education in foot health outside the schools. Parents have to be taught the need to choose proper types of footwear, and to see that the shoes are personally fitted to the child's foot by a competent person. Far too many shoes are to-day bought either through the post or on a market day excursion, so that the child cannot have an adequate fitting and often has to pay a severe price later.

Defects of Ear, Nose, and Throat.—The operation of tonsillectomy is a popular one with parents, and delay in securing operation for their offspring is therefore always of news value. There has for some years been a long waiting list in many areas ; a position which was aggravated when epidemics of infantile paralysis caused the postponement of all save urgent throat operations in the summers of 1948 and 1950. Since the summer is the preferred season for these operations, the maximum dislocation of the programme is caused by a ban at that time. Not many cases underwent tonsil operations in hospital during those epidemic periods, and so it is clear that disease of the tonsils rarely causes conditions requiring urgent and drastic surgical intervention.

Dr. Keith (Berkhamsted) made a special study of the tonsil waiting lists in her area in 1949, and this year her remarks are again worthy of attention :—

" Cessation of operation again in the summer of 1950 has caused a big hold-up and has lengthened the already long waiting lists. To quote figures and waiting times I quote one school—Victoria Primary, Berkhamsted. The average number on the rolls is 220, and according to my records 17 were awaiting operations—all having been seen by an ear, nose, and throat specialist, considered necessary and placed on the waiting list. At a recent check-up of how this list has been reduced, results were as follows :—

(1) Two cases waiting since October, 1948, and January, 1949, respectively, and all that time considered urgent, had now been sent for and operation was not now required.

(2) Eight cases had been done in 1950 :—

(*a*)	Two waiting since January, 1948	. Done early 1950
(*b*)	Three waiting since October, 1948	. Done spring, 1950
(*c*)	Three waiting since spring, 1949	. Done autumn, 1950

(3) Seven cases are still waiting to be sent for. They were placed on the list in summer and autumn, 1949, and have not been reviewed again by an ear, nose, and throat surgeon since.

(This series of seventeen does not include new cases referred last term for the first time.) It appears therefore that the average waiting time is $1\frac{1}{2}$ years. Eight cases of tonsillectomy in a year from a school population of 220 gives a high percentage (about 3·6 per cent). The monthly *Bulletin* of the Ministry of Health in March, 1950, had an article by J. Alison Glover on ' Tonsillectomy in the School Health Service ', and mentioned increased incidence in 1948. This article states that there was great variation—some authorities twice or more the pre-war percentage—others much less. Hertfordshire figures in 1948 were given as 1·9 per cent and pre-war as (1936–37–38) 2·5 per cent. The suggestion was made that where rates were low it might be due to conservative treatment or to lack of beds. From this small school it is not possible to give any accurate estimate as it only includes children up to 11 years. In the senior schools very few require tonsillectomy, as these matters have usually required consideration at a younger age. Including older children would naturally reduce the percentage.

The long delay causes much anxiety to parents who are inclined to say 'But *my* child is urgent'. I find that parents often request removal of tonsils when it is unnecessary, and that they do not consider it an operation *at all* and forget to mention if a child has had tonsillectomy. I sometimes wish they would show the same keenness for treatment of other defects, such as orthopædic conditions. I am personally not in favour of removal of tonsils unless it is necessary—where the tonsils are infected seriously or where rheumatism is associated with attacks of tonsillitis. Where the condition is associated with enlarged adenoids it is a different matter because treatment seems of little avail when adenoids are causing much obstruction and such complications as constant catarrh and repeated colds, bronchitis, earache, and adenitis. Even in these cases, however, I find that time is well spent in advising parents on matters of hygiene; nose-blowing, fresh air, breathing exercises, adequate vitamins, and suitable diet. I feel it is always well worth while employing the waiting period with useful conservative measures. The odd case improves so much that operation is no longer necessary, but even if this does not happen, the child's comfort and general health may be improved and it is all to the good to get the child into as good a condition as possible for operation. I advise all parents on these lines because I find that otherwise while complaining bitterly about the waiting period and the decline of the child's health, they do nothing to improve matters. I feel most strongly that all cases who have to wait should be reviewed, as I consider tonsillectomy as a major operation which should not be performed for simple enlargement."

Dr. McCabe (Bushey) has also given careful thought to the tonsil problem as will be seen from the following extract from her report :—

"Since January, 1950, I have not recommended any child for waiting list tonsillectomy. I hold that a child is either requiring operation soon, and is therefore a priority one case, or else it is not requiring operation.

I consider a case Priority One when :—

(*a*) There are large tonsils and adenoids giving obstruction of speech, deglutition, nose, or eustachian tubes, and associated with general signs and symptoms.

(*b*) Chronically infected tonsils and adenoids with poor and deteriorating general condition, usually with recurrent tonsillitis or anæmia or enlarged cervical glands, or discharging ears, or any combination of these symptoms and signs.

The better selected the tonsil cases, the more likely the urgent priority cases are to be operated on. I can see no useful purpose in placating a worried and over-anxious mother by filling in a form and putting her child on an interminable waiting list. I like to tell a mother exactly what I think of her child's throat condition, if not a Priority One case, and advise her on how to improve and maintain the child's general health. I see the child at three monthly intervals at school, or preferably at the Minor Ailment Clinic, and re-assess the throat and general condition. The mothers co-operate willingly, and contact us between appointments if there is any deterioration in the child's condition. At any time during the observation period a case can be referred as Priority One if indicated.

I also make a point of seeing cases which are operated on (soon after tonsillectomy) with their mothers, so as to advise on general care and breathing training. Mothers again are most helpful and co-operative in this respect."

Towards the end of the year a circular letter was sent to more than twenty hospitals serving the area, asking for information on the waiting lists for tonsillectomy. Nine replies only were received, which showed that the position varied

widely between districts. On the whole lists had not increased during the latter part of the year. The latest complete figures are given in the following table compiled in October, 1950 :—

	Waiting list of cases for tonsil and adenoid operations.	*Weekly rate of cases being dealt with.*
East Herts.		
Hertford County Hospital	136	6
Bishop's Stortford General Hospital	31	13
Haymeads Hospital	31	6
Cheshunt Cottage Hospital	7	10
South Herts.		
Barnet General Hospital	146	6
St. Albans Division.		
Osterhills Hospital	33	4
Harpenden Memorial Hospital	175	6
St. Albans and Mid Herts Hospital	527	5
Dacorum Division.		
West Herts Hospital	457	14
North Herts.		
Lister Hospital	42	5
North Herts and South Beds Hospital.	108	6
Letchworth Hospital	20	8
Royston Hospital	Nil	6
Mid Herts.		
Queen Victoria Memorial Hospital, Welwyn.	37	4
Cottage Hospital, Welwyn Garden City.	10	5
South-West Herts		
Peace Memorial Hospital	593	12
Shrodells Hospital	50	9
Bushey and District Hospital	Nil	8
	2,403	133

Errors of Vision, Squint, etc.—The figures for supply of spectacles have been precisely ascertained for 1950 with the help of the Hertfordshire Executive Council. This year prescriptions were at a level, very near that of last year, but 117 more pairs of spectacles were obtained than the total number of prescriptions given. Because of the delay which arose in the first eighteen months of the scheme many glasses supplied during the year had been prescribed and ordered the previous year. Reports show that the supply of spectacles is now much better in most areas, and that with a few exceptions all simple prescriptions can be dispensed within a reasonable time. There is, however, some delay in the supply of compound lenses which cannot be supplied from stock but have to be specially ground to order. Last year comment was made upon the demand for glasses on the grounds of "'cosmetic appeal" so that it is interesting to note that many of the older girls are still voluntarily seeking eye examination, complaining of headaches. Few of them, however, have been found to require glasses. Probably for cosmetic reasons parents and children are apt to choose the more ornamental types of frames and often these do not prove a very practical choice for school use, in as much as they easily become bent or broken. The financial responsibility for repairs and replacements lies ultimately upon the Local Education Authority but the Supplementary Ophthalmic Services Regulations upon the subject admittedly voluminous, are not well known to the public. Thus one finds such comment as the following by Dr. Keith (Berkhamsted) :—

"Many children are wearing spectacles which are too small and otherwise unsuitable while awaiting new ones and many head teachers do not seem to remember that they have in their possession Form O.S.C. 10 for use in case of loss or damage. Often children are found to have been without spectacles for some time due to some of these reasons—the parents 'did not know what to do' or did not ask, and the head teacher had not noticed or had taken no action."

Dr. Moynihan has remarked upon the importance of vision tests in the younger age groups. She has noticed how a child may have only the slightest defect at one inspection and yet by the time the next takes place, be unable to read any but the largest type on the test card. Accordingly special emphasis has been laid upon the visual testing of infants who are often unable to read or to use normal optical test types. For these a special and simple test card known as the "E" card has been supplied to school doctors and to many school nurses. The test is slower than the normal one but repays this by the detection of early defects, as it gives very good results with all infants except those who are either very nervous or of subnormal intelligence. As regards the organization of the eye service, it was reported last year that the North-East Metropolitan Regional Hospital Board had taken over payment of the surgeon's fees, whereas spectacles were supplied through the Executive Council. Further negotiations have taken place with this Hospital Board, as a result of which it is expected that they will take over the clinics in their area completely in April, 1951, and administer them as a part of the Hospital Services of the Region. The change will not at first involve alterations in the location or frequency of the sessions but obviously the Board will reserve liberty of action to suspend or alter the services in future as may seem to them necessary.

School Ophthalmic Clinics

	No. of Sessions	No. of Defects dealt with		No. of pupils for whom spectacles were prescribed
		Errors of Refraction including Squint	Other Defects	
North Herts.				
The Maples, Hitchin	40	392	4	145
27 High Street, Stevenage	13	182	—	35
Total	53	574	4	180
East Herts.				
Clement Clark's, Hertford	90	941	8	258
Haymeads, Bishop's Stortford	43	234	2	115
Bridgefoot House, Buntingford	8	39	3	13
Welfare Centre, Waltham Cross.	49	402	7	136
Total	190	1,616	20	522
Mid Herts.				
Northcotts, Hatfield	28	178	2	115
Community Centre, Welwyn Garden City.	37	253	6	113
Total	65	431	8	228
St Albans.				
Wellington Court, St. Albans	82	715	185	395
Memorial Hospital, Harpenden.	14	150	—	36
Welfare Centre, Boreham Wood.	18	76	—	33
Total	114	941	185	464
South Herts.				
Church Farm, East Barnet	50	448	—	304
Vale Drive, Barnet	29	216	21	122
Total	79	664	21	426
South-West Herts.				
The Bury, Rickmansworth	15	102	4	38
65 Queen's Road, Watford	254	1,708	67	591
Total	269	1,810	71	629
West Herts.				
The Hut, Berkhamsted	14	94	—	29
Churchills, Hemel Hempstead	35	212	1	112
Total	49	306	1	141
Grand Total	819	6,342	310	2,590

Verminous Conditions, Cleanliness, etc.—A smaller number of hygiene inspections were recorded in 1950, the total of 264,984 being over 30,000 less than the 1949 figure. This reduction was due mainly to a falling off in the South Herts area where staffing changes and shortage greatly interfered with the work. The number of pupils found to be infested (795) was only about 60 per cent of last year's figure. Whereas 385 cleansing notices were issued in 1949, last year only 75 were sent to parents and no cleansing orders were made. The prevailing tendency is now to disregard the tedious and unworkable procedure of Section

54 of the Education Act which serves to infuriate parents by strongly-worded official notices which prejudice their co-operation.

Dr. Walker, Divisional Medical Officer, North Herts, gave an interesting account last year of the new approach to this problem which was being tried as an experiment in Letchworth. Dr. Moynihan (Letchworth) referred to this work in her report for 1950, as follows :—

> " During the winter 1949–50 a special attack on verminous heads was made in Letchworth. The two Health Visitors, who are also the School Nurses, cleansed the infested families, including even the grandmothers of school children. In this way, by personal approach and hard work, we started a year ago with 100 per cent cleanliness in the school population. We have had only one case of re-infestation, although we have had a few cases in children who have moved into the area during the year. The nurses have found these easily cleansed with full co-operation from the parents when the matter has been explained and we can say that the routine inspections this January, 1951, have once more shown a clean school population in Letchworth. A similar attack has been started in Baldock but so far this has not been so successful as we have a convent in the area boarding children for short periods and they attend the Council schools and prove a constant source of trouble. The nurses too have midwifery and general nursing duties and cannot devote whole days to the work. It seems that unless all known families are dealt with over a short period one cannot prevent re-infestation amongst friends and relatives. There has been a noticeable increase in ragged and dirty clothing in the schools and the habit of wearing Wellington boots in school is difficult to cure. Constant reminders are required to encourage the children to bring slippers to change into. One school provides a box of house shoes and slippers cast off by other pupils for the use of those who have none at school."

Many reports emphasized that the standard of personal hygiene appeared to have fallen in spite of the reduction in verminous infestation. Dr. Ormiston (Barnet) wrote : " Cleanliness left much to be desired. In some families education in this matter will be necessary through several generations before much is achieved. Poor housing is undoubtedly a contributing cause to lack of personal hygiene." Dr. Allinson (Watford) stated : " Gross uncleanliness is fairly rare but the appearance of many of the secondary school boys would be much improved by a good scrubbing and haircut."

Dr. Karpati (Ware) noted : " . . . unclean and poor clothes are more prevalent than ever before."

Drs. Miller, Hillis, McCabe, and Crawley, however, found conditions in their areas satisfactory or improved.

Minor Ailment Clinics.—The attendance of 50,407 for 1948 declined to 34,691 last year. Another large falling off took place in 1950 when the total attendance was only 22,474 for the year. Defects treated numbered 9,028 compared with 11,878 in 1949. Eight of the nurses' dressing clinics were closed in view of the fall in demand, so that there were 25 doctors' sessions and 44 nurses' sessions only. Further reductions will be made where and when the drop in attendance seems permanent. In certain areas new housing development and school building is scheduled and it may thus happen that a fresh demand for minor ailment clinics may arise here.

Speech Therapy.—There were a number of staff changes during the year in these Clinics, but with the larger numbers of students now being trained in the schools of speech therapy it was possible to fill the vacancies as they arose, with very little dislocation of the work.

The service now provided covers the whole County with clinics established in twenty-one centres. The following table shows where the clinics are situated, the work done during the year and the numbers under treatment and observation on the 1st January, 1951 :—

Clinic	No. of Sessions during 1950		No. of attendances		No. on books at 1st January, 1951			
					Treatment		Under observation	
North Herts.								
Stevenage (from September, 1950).	13		86		8		—	
Hitchin . . .	75		338		13		—	
Letchworth . . .	74	162	323	747	15	36	—	—
St. Albans.								
St. Albans . . .	316		1,403		57		8	
Harpenden . . .	40		272		12		3	
Boreham Wood . .	45	401	126	1,801	6	75	3	14
Dacorum.								
Hemel Hempstead . .	84		418		10		4	
Berkhamsted . . .	36	120	211	629	6	16	3	7
Mid Herts.								
Welwyn Garden City .	88		499		20		—	
Hatfield	33	121	183	682	7	27	—	—
South-West Herts.								
65 Queens Road, Watford .	156		926		32		6	
436 St. Albans Road, Watford.	26		127		6		2	
Rickmansworth . .	27	209	99	1,152	6	44	1	9
South Herts.								
High Barnet . . .	193		1,140		40		12	
Church Farm . . .	171	364	582	1,722	18	58	12	24
East Herts.								
Waltham Cross. . .	84		365		11		3	
Hoddesdon . . .	83		354		9		3	
Ware (from February, 1950)	69		271		11		1	
Bishop's Stortford . .	84		352		10		1	
Hertford . . .	74		288		10		3	
Buntingford (from March, 1950).	32	426	156	1,786	5	56	1	12
Totals for the whole County		1,803		8,519		312		66

The Senior Speech Therapist, Mr. L. Willmore, has made supervisory visits to all the clinics once a term and has reported on the good standard of work being done by the single-handed Speech Therapists. These visits by Mr. Willmore are very much appreciated by the other Speech Therapists. They are enabled to have a second opinion in cases where progress is poor and they need support in deciding whether treatment should be discontinued or other methods adopted.

Much of the work done in the Speech Therapy Clinics is consultative and not every case referred is suitable for regular treatment. With young children, particularly, it is important that parents and teachers should understand the nature of the conditions and so adopt the right approach to the child. With these aims in view the Speech Therapists are encouraged to discuss their cases with the head teachers and the health visitors, in addition to giving advice to parents.

Skin Diseases.—The rise in scalp ringworm was mainly due to one outbreak of 19 cases in the Mid-Herts Division during the summer and autumn. In Watford there were a few isolated cases, but no outbreak. The purchase of a second portable Wood's lamp has greatly simplified the control of this contagious

disease and these facilities have been available on demand in the Children's Homes and also for children referred by their family doctors. I was very grateful to the Chief Constable for the loan of the Wood's lamp from the Police Station at Hatfield to deal with the outbreak in the Mid-Herts Division until the manufacturers had delivered the second lamp which was on order at the time.

A few small outbreaks of impetigo were noted in different areas but skin diseases were, generally speaking, uncommon and usually non-infective. An exception must be made for Verruca (warts) which now have become quite a nuisance in certain schools. Skin diseases are now extensively treated by the family doctor so that it is not so easy to form a picture of their prevalence as it used to be when parents made greater use of the clinics.

Orthoptic.—The situation has not materially altered since last year when it was reported that the staff was insufficient to cover the needs of the whole County. The staff remained unchanged during the year. Miss S. Price has been employed for six sessions weekly since September, 1947, and has been responsible for the St. Albans and Hatfield Clinics. She has tendered her resignation to take effect on the 31st January, 1951. When appointing her successor it is hoped to reorganize the Clinics so as to provide more sessions at the Watford and Hemel Hempstead centres and to open a new Clinic in the Waltham Cross area. There has been a growing demand for the Service in this part of the County and at present the children have to attend at the Ware Clinic which is overcrowded and involves considerable travelling.

The Committee decided to retain this Service and run it as a scheme of the Local Education Authority under the provisions of Circular 179. This policy has been fully justified, as shown by the number of children that have been treated since the National Health Service Act came into operation. The Authority has been approached by Hospital Management Committees to open the Clinics to adult Health Service patients, but owing to the numbers of school children requiring treatment it has not been possible to agree to this. Clearly, if the Service had been transferred on the appointed day the proportion of time available for the school children must have fallen in order that other Health Service patients could be treated.

The West Herts Hospital Management Committee requested that facilities should be available for Health Service patients to be treated at the Watford Orthoptic Clinic. The Education Committee agreed to the premises and equipment being made available for evening clinics, subject to the Hospital Authority indemnifying the County Council against any loss or damage that might result under this arrangement.

The Hospital Management Committee were advised of these conditions, but up to the present have not sought to implement these arrangements.

The table on p. 24 gives details of the work done during the year in the Orthoptic Clinics.

Sessions		Individual Children on Treatment		Total Attendances made	Numbers Discharged		Preliminary Examinations		Waiting List of new cases for regular treatment as at 31st December, 1950
		New Cases	Old Cases		Cured	Discontinued after treatment	No. of individual children found: Unsuitable by Orthopist	Accepted and placed on Waiting List	
St. Albans	187	11	31	1,011	12	10	5	29	22
Hatfield	85	14	6	455	1	10	5	34	16
Watford	396	96	97	2,298	34	38	49	118	28
Hemel Hempstead	96	15	20	560	6	13	12	28	7
East Barnet	188	20	48	750	7	17	7	38	10
Ware	284	39	60	1,371	6	26	5	64	15
Totals	1,236	195	262	6,445	66	114	83	311	98

The intake of 311 new cases during 1950 shows a slight reduction on the figure of 360 during 1949. There is, however, no reduction in the numbers of school children requiring Orthoptic treatment, but the Ophthalmic Surgeons have referred only the most urgent cases because existing waiting lists are so long.

Applications were received during the year from the proprietors of independent schools for 18 children to receive Orthoptic treatment. These children were referred for examination by the Ophthalmic Surgeons and found suitable for treatment. After the schools had undertaken to be financially responsible for the costs of treatment, the children's names were added to the Clinic waiting lists. During the year 20 children from independent schools in the County made 199 attendances for treatment.

The Table showing the work of the Orthoptic Service in the County may suggest to some members of the Committee that the numbers being treated and the results achieved are small in comparison with the extent of the Orthoptic Service which has been established in this County.

With this in mind, I asked Dr. Matthews to write a short note on the aims of an Orthoptic Service. Dr. Matthews was at one time our salaried Ophthalmic Officer. She transferred to the Hospital Board staff on the appointed day but since then she has acted as Honorary Adviser in Ophthalmology. As will be seen in the report, she has taken a particular interest in Orthoptics :—

" **Orthoptics in Children's Clinics.**—The word *orthoptics* is derived from two Greek words meaning " straight " and " eye "—that is, straight eyes ; and the exercises are aimed at producing eyes which look straight, and function as straight eyes, giving full binocular vision or stereoscopic vision.

All cases treated by the Orthoptist are seen first by the Ophthalmic Surgeon in charge of the school clinics. The types referred are for the following defects :—

(i) Squint—manifest or latent.
(ii) Amblyopia, or lazy eye—not necessarily squinting.
(iii) Convergance insufficiency.

(i) (*a*) " Manifest " squints are roughly divided into three groups :—

Group (*i*).—Amenable to orthoptic treatment alone—these cases often need a long course of treatment—these are the orthoptic " cures ".

Group (*ii*).—Cases needing some orthoptic treatment followed by operation, and then some post-operative orthoptic treatment. These cases are also " cures ", but cures in conjunction with surgery.

Group (*iii*).—Cases of squint unsuitable, for various technical reasons, for treatment. These cases are seen either once or given a short trial, and are then referred back to the Ophthalmic Surgeon as unsuitable. The measurement of the squint is taken, and a report written, which is forwarded to the Hospitals with the accommodation for operative treatment.

(i) (*b*) " Latent " squint, or heterophoria or, in an easily understandable form—muscle unbalance.

These cases are mostly children or young adults who have good vision, and the eyes work together, but one set of muscles is over-active and upsets the balance, resulting in headaches and eyestrain. Exercises in the R.A.F. during the war for the young pilots were mostly given for this type of trouble. It was found that keen, careful young men were making bad landings of their craft, due to muscle unbalance and orthoptic exercises were employed largely for this type of defect. In school children it is the examinee for higher certificate, etc., who becomes a candidate for exercises.

(ii) Cases of amblyopia are treated by covering up the good eye. This may be part of treatment of squint or just for making an eye which has become lazy through bad refractive error (now corrected with glasses) see again.

(iii) Convergence insufficiency—here a short course of strengthening exercises is given, and the headaches of which the child complains disappear.

These, then, are briefly the types of cases referred to the orthoptist.

When I first came to Hertfordshire I was horrified to find so many children with squints and with amblyopia in the squinting eye.

With the encouragement of Dr. Dunlop we were able to start an orthoptic service in the County. The results to begin with were very disappointing. The squints were of too long standing and most of the children had just to be operated on to put the eye straight, still not seeing in that eye.

We then planned to get the doctors and health visitors " squint conscious ", and this has worked wonderfully. By this means we have been able to catch the " squinting children " from their earliest infancy. We have been able to treat by glasses very early, and as soon as the children are old enough the orthoptist starts to work, and it is rare now to find in the treated child a lazy eye : it generally means non-co-operation if this occurs.

I have seen in hospital the tragic results of the loss by accident or disease of the only seeing eye and I feel as much as possible should be done in childhood to keep the vision of these squinting or lazy eyes, and this is what the Orthoptic Clinics are for—to see that as many as possible of these handicapped children grow up as useful seeing citizens who are not restricted in their choice of occupation by bad eyesight.

I do most sincerely hope that the plan for the full Orthoptic Service for the County as originally envisaged will be allowed to go forward."

Handicapped Pupils.—Despite reductions due to children leaving Special Schools, the total number of registered handicapped pupils has risen by 124 to 1,580. The new ascertainments have affected all groups of handicapped children, although there is a small reduction in the total numbers now on the register in the categories :—

(E) Delicate.
(C) Deaf.
(G) Educationally sub-normal.

Blind Pupils (A).—Last year's total of 18 has increased to 22. This figure includes two children who have been certified as blind but are still below age for admission to one of the Sunshine Homes run by the National Institute for the Blind, and two others whose admission to a Special School has been deferred so that further consideration can be given to their needs before any definite arrangements are made. A fifth child has been tried at a Sunshine Home Nursery School, from which it was sent back as unsuitable. Allowance for the five children mentioned above will therefore reduce the active waiting list for admission to residential special schools for the blind to a total of four only.

The waiting time for admission of blind children to Special Schools has lengthened noticeably. Where an application is to be made in respect of a child whose age is less than seven years, the National Institution of the Blind requires preliminary investigation by their Medical Consultant and Educational Psychologist before acceptance. This procedure in itself, however necessary, inevitably delays the entry of the names of suitable children on the roll. There has been a slight rise only in the number of partially sighted children (B).

Deaf and Partially Deaf Pupils (C) and (D).—The overall number of deaf children known to the Authority was one less than last year. Special education has been provided for most of these children who are able to attend residential Special Schools, and four only are on the waiting list for such schools. The partially deaf group shows a small increase of five and all these have been

added to Special School waiting lists ; the time lag before admission of partially deaf pupils is considerable.

The arrangements with Dr. Hallpike for " peep-show " audiometer testing of the younger children have again proved very useful. This method tests both ears simultaneously by graduated intensities of pure tones at selected standard frequencies. The child's interest is obtained by means of a combination of visual and auditory stimuli and can be held without fatigue for a longer period than is otherwise possible. The results have proved in many cases to be accurate within a close degree by comparison with later tests by the normal pure-tone audiometer technique. Although speech is not used in either test, it is found that the hearing grade assigned after pure-tone audiometry holds good for speech in all but a small minority. The value of the system has been confirmed. When candidates for special schools have been interviewed for admission in no case has the peep-show assessment yet been challenged. In one case a child was removed from a Deaf School and transferred to a Partially Deaf School. A dispute arose between the schools and Dr. Hallpike was asked to investigate the case. His findings showed that very severe hearing loss was present and that the case must be regarded as on the border-line between the two types of school, so that a choice could best be made after a trial. As the child had not responded to partially deaf treatment, she was accepted back into the Deaf School. The peep-show method has proved itself to have a practical as well as a scientific application.

The records of all deaf and partially deaf children have been examined in an attempt to assess the cause of deafness. It has been possible to form an exact opinion in some cases but in others little more than an intelligent guess can be made. The findings are shown in the following table. It may be of interest to note that a few of the children show other congenital abnormalities and that two girls have had a congenital heart defect (Patent Ductus Arteriosis) successfully closed by surgical operation.

Probable Group of Hearing Defect.	*Number of deaf Children.*	*Number of partially deaf Children.*
Congenital	31	8
Post-infective nerve deafness	10	9
Infection or Suppuration of middle ear	3	7
Inherited or familial type	3	1
Complication of intracranial tumour	—	1
High-note deafness	—	1
Psychogenic (probably of nervous origin).	—	1
Unknown cause	3	6
Total	50	34

Delicate Pupils (E).—There were seven fewer names in this category than last year. During the year fifty children at Special Schools became fit to attend ordinary schools. 106 were sent away for short-term convalescence to homes which are not recognized as schools ; only six of these were away at the end of 1950, when five children were still awaiting a vacancy at a convalescent home. Recommendations were made in respect of 105 children this year for the following reasons :—

Poor general conditions or undernourishment	51
Post-operative debility	18
Asthma, bronchitis, bronchiectasis, etc.	11
Following infectious disease	8
Primary tuberculosis of lungs (confirmed or suspected).	3
Rheumatic fever, including chorea	2
Glandular enlargement	3
Other conditions	9
Total	105

Treatment in Holiday Homes is provided for the child requiring a period of convalescence not exceeding three months, and the Ministry of Education have agreed that this type of case may be sent to these Homes where education is not available. This decision was made so as to relieve pressure on the Special Schools, and to enable them to deal only with the more serious cases where a long period of treatment is required. Ninety-two holiday home cases recommended in 1950 were sent away to homes to which must be added fourteen carried over from the 1949 list. Eight parents withheld their consent and vacancies for these children were accordingly not required.

Educationally Sub-Normal Pupils (G).—The total is little changed. However, eleven more children have been placed in special schools. The waiting list at Broxbornebury is, however, so constructed that some of the children may have to wait up to two years for admission. This problem will not really be soluble until the Day Special Class, planned for the South-West Division can be formed. Reports of Assistant Medical Officers indicate that there are a number of children in most areas who require education in special classes.

The waiting list of cases recommended for admission to schools for educationally sub-normal pupils stands at 150. This includes six children with multiple defects. Of this total, nine are due for admission to Kingsmead and Broxbornebury Schools early in 1951, two are awaiting admission to other schools, and one is now making progress in the ordinary school. More than half the names on the official waiting list are those of children whose parents have refused to consider a special school, so that the real waiting list numbers little more than sixty.

Epileptic (H).—The number of children awaiting admission to Special Schools has doubled, and now amounts to eight. This type of special education is not easy to provide as the Colonies have limited accommodation and long waiting lists. Epileptics are sent to the usual Colonies and St. Elizabeth's Home, Much Hadham, can take girls without great delay. Children with mental retardation are, however, difficult to place.

Maladjusted Pupils (I).—The opening of Epping House as a Special School has raised the proportion of these pupils who are receiving special education. In spite of the admission of fifteen more children to Special Schools, however, there are now seven more than last year awaiting admission. Dr. Mildred Pott, one of the Psychiatric Staff of the Hill End Child Guidance Clinic, has been appointed by the County Education Committee as Consultant Adviser to the Epping House School. Her duties will call for a routine visit each term and she will also be available at any time to visit the school and advise the Head Master in any emergency.

Physically Handicapped Pupils (J).—Under this heading it may be noticed that there has been an increase both of total ascertainments and of children receiving home tuition or individual treatment. The latter group has risen from 20 to 50. Of these, 23 physically handicapped pupils have home tuition and eight more children have been recommended for this. Individual treatment may include whole or part-time education in an ordinary school, with some modification of the curriculum or arrangements for the pupils' transport to school.

Handicapped Pupils.—1,580 children comprising 1,048 boys and 532 girls are on the register of handicapped pupils.

Category	In Special Schools	Awaiting Special Schools	Recommended Home Tuition or other individual treatment	Total
Multiple . .	13	12	2	27
(A) Blind . .	12	9	1	22
(B) Partially sighted	19	5	—	24
(C) Deaf . .	43	4	3	50
(D) Partially deaf .	19	12	3	34
(E) Delicate .	32	9	7	48
(F) Diabetic . .	2	1	—	3
(H) Epileptic .	9	8	—	17
(J) Physically Handicapped .	36	17	50	103
(K) Speech . .	2	—	434	436

Category G	In Special Schools	Awaiting Special Schools	Recommended Special Education in ordinary Schools	Total
Educationally Sub-normal.	176	144	251	571

Category I	In Special Schools or Hostels	Awaiting Special Schools or Hostels	Recommended treatment under Child Guidance Clinic arrangements	Totals
Maladjusted . .	88	34	123	245

PSYCHIATRIC AND CHILD GUIDANCE CLINICS

I am very indebted to Dr. H. Palmer, Medical Director, and Dr. R. E. Lucas, Assistant Medical Director, of the Herts Child Guidance Clinic, for the following report received on the work of the Clinic during 1950.

" This year has been an unsettled one for the Psychiatric and Child Guidance Service of the County. At the end of February Dr. W. J. T. Kimber, the Medical Superintendent of the Hospital and Director of the Psychiatric and Child Guidance Service, retired. Dr. Kimber founded the Child Guidance Service in 1934 and always played a most active and enthusiastic part in its administration and clinical work. His loss has been deeply felt by all his staff, particularly as by the end of the year his place had still not been filled.

At the end of September we also lost Miss M. Kellmer, one of our two full-time psychologists. Miss Kellmer joined the staff as a full-time psychologist in August, 1945, and brought to her work immense zeal and enthusiasm which did much to co-ordinate the work of the Clinic with that of the other Services, particularly the schools. Miss Kellmer is to be congratulated on having obtained her Ph.D., and having been appointed as Lecturer in Psychology at the University of Birmingham. She, too, has been greatly missed, particularly as (through no fault of our own) her vacancy again had not been filled by the end of the year.

We have also been unfortunate with regard to illness on the part of the staff, one of the Psychiatric Social Workers in particular having been on continuous sick leave for three months during the year.

These shortages of staff have, unfortunately, been reflected in our figures for this year and it is by no means unlikely that there will be a drop in intake

in the succeeding year since at the time of writing this report a serious shortage of staff has still persisted.

Table I—Analysis of Current Cases.—The total number of cases seen at the Clinics in the year ending 31st December, 1950, shows an increase of 17 compared with that of the previous year. As, however, there was a further decrease of 18 in the number of patients over the age of eighteen years, there has been a total increase of 35 cases in the child and adolescent group. There has been no significant increase (40 as against 37) in the number of cases referred at the age of under five years.

A preponderance of male over female referrals remains practically constant.

Table II—Sources of Reference (new cases and old cases referred again).—For the second year in succession the referrals made by the school authorities have exceeded those from private doctors by 60 cases. We welcome this state of affairs as, in general, it would appear that teachers and School Medical Officers are likely to observe behaviour problems in children at an earlier age than that at which they come under the notice of the family doctor. There has been a slight decrease in the number of cases referred by Probation Officers. This decrease is mainly in relation to out-County cases which have been placed temporarily in Remand Homes in the County. Owing to our depleted staff and the fact that these cases have to be examined within a definite time limit, arrangements have not infrequently had to be made for these particular children to be examined elsewhere. It has always been something of a problem that a severe influx of out-County cases has tended to postpone the examination and treatment of the children for whom the County Services were originally created.

Table III—Disposal of Current Cases.—This year's figures show no significant difference in relation to those of last year, with the exception of the fact that there is an increased number of cases awaiting investigation. This has been wholly due to the fact that an almost 50 per cent decrease in the services of Educational Psychologists over a period of three months has inevitably delayed examinations since a full investigation of any case requires the services of the full team of Psychiatrist, Educational Psychologist, and Psychiatric Social Worker. One of the branch clinics in particular has been very hard hit by the shortage of staff.

It should be noted, as in previous years, that cases falling under the heading of full investigation and advice have, in the majority of instances, entailed several hours of work and a considerable amount of therapy, cases being placed in this category only if they can be dealt with promptly instead of being placed on the waiting list.

The Educational Psychologists have, as in former years, continued their policy of taking on only very few cases for remedial teaching, our practice being to send the Educational Psychologist to the school to advise the individual teacher as to special methods required in most of the cases of educational retardation. The co-operation which we have obtained from the teachers of the County by this method has been very gratifying.

Table IV—Discharges.—In classifying discharges we have, as formerly, adopted a strict definition in relation to " recovered " cases. A symptomatic recovery often occurs but unless a child exhibits an exceptionally satisfactory degree of integration in his whole personality and so adequate an adaptation to his total environment that no further problems seem likely to arise, we prefer to classify the case as " improved ". Considering that the category " recovered " demands much, not only of the child but of his total environment, this group is likely to remain small.

Table VI—Interviews during 1950.—There has been a decrease in the number of interviews in all categories during 1950 as compared with 1949. Apart from the losses and sickness of staff mentioned at the beginning of this report, we have, since the middle of April, been consistently short of one psychiatric session. This would account for the fact that the greatest decrease in the number of interviews has been on the psychiatric side.

Training and Public Relations Work.—As in previous years two Psychiatrists (now holding the status of Senior House Officers) have received a year's training in Child Guidance.

The short course on Child Guidance methods carried on in conjunction with the Tavistock Clinic has been continued and psychiatrists from local mental hospitals have availed themselves of this opportunity of meeting the training requirements of the Diploma of Psychological Medicine by attending this course.

It was possible to arrange for one Assistant School Medical Officer also to attend this course for a short period.

The course in mental testing arranged by the National Association for Mental Health was completed by one Hertfordshire A.S.M.O. under the supervision of our Educational Psychologist during the year and at the end of the year another A.S.M.O. commenced her course. Owing, however, to the failure to replace Miss Kellmer, at least one A.S.M.O. has been waiting for some time to undertake this training.

During the year three Psychiatric Social Workers, on completion of their academic course, came to the Clinic for their final training in clinical work.

Two Child Care students and an Educational Psychologist were also received here for periods of training in clinical work.

A total of 17 lectures were given by members of the staff to various organizations in the course of the year. Included in this group are two visits to " Brains Trusts " at which members of the audience showed an active interest in the work of the various members of the team in Child Guidance Clinics.

It is still, we believe, true to say that the Hertfordshire Child Guidance Service is the only one in the British Isles which has developed a Child Guidance Exhibition demonstrating in detail the various aspects of the work of Child Guidance Clinics. This Exhibition was taken during the year for a one-day demonstration by a full team to three training colleges for teachers. We also had the honour of demonstrating the Exhibition material at the British Association Annual Meeting in Birmingham.

Epping House School, the one school for maladjusted children within the County which Hertfordshire shares jointly with Essex, is proving of considerable value in meeting the needs of those children who are too seriously disturbed to profit by education while remaining in their own homes.

The close co-operation between the County Health and Educational services, the Juvenile Courts and Probation Officers, the Maternity and Child Welfare Centres, and the general practitioners on the one hand and the Clinic services on the other hand is being fully maintained and, in all probability increased. It is almost certainly true to say that the children of to-day have greater opportunities of physical health, educational advancement, and suitable choice of career than at any former period. At the same time, they are called upon to face a profoundly disturbed world with unsettled and changing values. For this reason it is of utmost importance that child health should more and more be considered to include intellectual, moral, and emotional, as well as physical health. " The child of unfulfilled promise " (the Ministry of Education definition of the maladjusted child) is an inevitable loss not only in terms of its own unhappiness but to the community which it should one day serve. It is only by the closest integration of all the resources concerned with child health in its widest implication that the potentialities of our children can be realized to the ultimate benefit of society.

Summary of Clinic Cases, 1950.

	Hill End.	*Watford.*	*Hitchin.*	*Hoddesdon.*	*Barnet.*	*Total.*
1. *Number of current cases during 1950*	*519*	*293*	*94*	*106*	*137*	*1,149*
New cases referred	307	166	45	41	81	640
Old cases referred again	55	25	5	13	11	109
Cases brought forward from 1949	157	102	44	52	45	400
Hertfordshire residents	499	292	94	103	121	1,109
Out-County patients	20	1	—	3	16	40
Male	314	206	68	72	93	753
Female	205	87	26	34	44	396
Cases brought forward from 1949—						
Under 5 years	20	5	—	—	2	27
5–15 years	91	94	42	50	41	318
15–18 years	8	3	1	2	2	16
Over 18 years	38	—	1	—	—	39
New cases and old cases referred again—	157	102	44	52	45	400
Under 5 years	20	7	1	3	9	40
5–15 years	202	184	47	50	79	562
15–18 years	26	—	2	1	4	33
Over 18 years	114	—	—	—	—	114
	519	293	94	106	137	1,149

For 2 and 3 see opposite →

	Hill End.	*Watford.*	*Hitchin.*	*Hoddesdon.*	*Barnet.*	*Total.*
4. *Discharges—*						
Not Investigated	39	11	2	5	6	63
Social investigation only	—	2	—	—	1	3
Advice given	140	66	18	24	31	279
Treated :—						
Recovered	5	6	—	—	—	11
Improved	110	52	26	23	36	247
Not improved	22	6	7	3	8	46
Transferred to other Clinics within the Service	16	4	3	2	2	27
Investigation incomplete	7	9	—	—	—	16
	339	156	56	57	84	692
5. *Carried forward to 1951.*	180	137	38	49	53	457
	519	293	94	106	137	1,149
6. *Interviews during 1950.—*						
Psychiatrists	2,170	911	425	359	592	4,457
Psychologists	514	596	376	338	149	1,973
Psychiatric Social Workers	1,105	867	480	361	414	3,227
	3,789	2,374	1,281	1,058	1,155	9,657
7. *After Care Interviews, 1950—*						
Psychiatrists	64	21	1	12	22	120
Psychologists	29	5	3	3	6	46
Psychiatric Social Workers	119	119	16	22	45	321
	212	145	20	37	73	487

	Hill End			Watford			Hitchin			Hoddesdon			Barnet			
	(Years)			(Years)			(Years)			(Years)			(Years)			Total
	5–15	15–18	18 +	5–15	15–18	18 +	5–15	15–18	18 +	5–15	15–18	18 +	5–15	15–18	18 +	
2. *Sources of reference* (new cases and old cases referred again)—																
School Authorities—																
School Medical Officers	54	—	—	89	—	—	26	—	—	24	—	—	43	—	—	236
Head teachers	1	—	—	15	—	—	1	—	—	3	1	—	—	—	—	21
Maternity and Child Welfare Clinics	8	—	—	5	—	—	—	—	—	—	—	—	2	—	—	15
County Medical Officer	11	—	—	7	—	—	1	—	—	14	—	—	6	1	—	40
Private Doctors	67	9	61	29	—	—	10	—	—	4	—	—	15	2	—	197
Other hospitals and clinics	26	—	12	17	—	—	6	—	—	2	—	—	13	1	—	77
Probation Officers	44	14	10	27	—	—	4	2	—	5	—	—	3	—	—	109
Parents and relatives	2	—	—	2	—	—	—	—	—	1	—	—	4	—	—	9
Self	—	1	5	—	—	—	—	—	—	—	—	—	—	—	—	6
Other agencies	9	2	26	—	—	—	—	—	—	—	—	—	2	—	—	39
	222	26	114	191	—	—	48	2	—	53	1	—	88	4	—	749

	Hill End				Watford			Hitchin				Hoddesdon			Barnet			
	Years				Years			Years				Years			Years			Total
	– 5	5–15	15–18	18 +	– 5	5–15	15–18	– 5	5–15	15–18	18 +	– 5	5–15	15–18	– 5	5–15	15–18	
3. *Disposal of current cases*—																		
Investigation incomplete	2	32	7	10	5	16	—	—	4	—	—	—	5	—	1	7	1	90
Social investigation only	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Full investigation and advice	5	82	18	54	4	64	—	—	17	1	—	—	26	—	1	29	1	302
Accepted for treatment:																		
On waiting list	3	30	—	10	1	34	—	—	8	—	—	—	14	—	1	13	1	115
Individual psychotherapy	11	85	7	65	—	61	3	—	30	1	1	—	20	2	2	44	2	334
Play group therapy	1	14	—	—	—	29	—	—	14	—	—	—	17	—	1	6	—	82
Remedial teaching	—	3	1	—	—	2	—	—	—	—	—	—	5	—	—	1	—	12
Social Service	12	14	—	7	1	5	—	1	4	1	—	2	3	1	2	2	—	55
Waiting investigation	6	33	1	6	1	67	—	—	12	—	—	1	10	—	3	17	1	158
	40	293	34	152	12	278	3	1	89	3	1	3	100	3	11	120	6	1,149

8. *Visits and interviews on Mental Hospital Patients—*		
Current cases . .	336	By psychiatric Social Workers.
After care . . .	94	
	430 "	

During the year Dr. E. D. T. Roberts, Deputy Medical Superintendent, Hill End Hospital, completed 96 forms 2 H.P. and 33 P. 4 medical certificates. The forms 2 H.P. related to children recommended either for exclusion from the educational system on account of a mental defect or children found to be educationally sub-normal and suitable for education at Kingsmead or Broxbornebury Special Schools.

The P. 4 medical certificates were in connection with petitions to be presented to the Judicial Authorities for orders detaining patients under the Mental Deficiency Acts.

In addition, Dr. Roberts examined all children leaving Kingsmead and Broxbournebury Special Schools, and advised on whether their after-care should be undertaken through the normal Education Welfare channels, or whether they should be formally reported to the Health Committee for supervision by the Mental Health Social Workers. During the year there were ten children recommended to be dealt with in this latter way.

Fifty-two children were found, on examination, to be incapable of receiving education at school, and following the formalities prescribed under the Education Act, they were excluded from the educational system, and reported to the Local Authority for the purposes of the Mental Deficiency Acts. These children were placed under statutory supervision by the Authority and, where suitable, they have attended the Day Occupation Centres provided by the Health Committee.

PHYSICAL EDUCATION

The Physical Training Organizers have submitted the following report :—

"The Remedial Specialist has now extended her work to Watford Division and has started giving exercises and training teachers in the schools in the northern part of the town. Demonstrations have been given in 13 schools to parents.

A clinic for cases of asthma will be opened in January, 1951.

The work in the Barnet area continues steadily, and lectures on simple anatomy have been given in this area and in Watford so that teachers will have a fuller understanding of the work they are doing.

Number of children receiving treatment at present time :—

Barnet, 273 ; East Barnet, 443 ; North Watford, 207. Discharged during year : Barnet, 95 ; East Barnet, 199 ; North Watford, Nil. Attending Asthma Clinic : Barnet, 11 ; East Barnet, 25 ; North Watford, 22."

The Organizer of Physical Education in my 1949 Report referred to the value of conferences which had been held with the doctors and nurses concerned with the School Health Services and, in particular, to a Conference-Demonstration which was attended by three of the Orthopædic Consultants working in the County. At that Conference the Consultants were asked whether the Schools were sending to the Orthopædic Clinics precisely the type of case which should be sent.

During 1950 this question was followed up in some detail. One of the Surgeons made the point that, after seeing the standard of Physical Education carried out in our Schools, he had come to the conclusion that the likelihood of any early defect passing unobserved was remote, and his subsequent analysis of the type of case attending his Out-Patient Departments had satisfied him that the School Health and Physical Education organizations were making a

notable contribution towards the reduction of remediable orthopædic defects. His personal opinion was that, if anything, we were erring on the side of sending too many trifling cases to his Clinics.

The other two Surgeons agreed that the liaison between the Schools and the Orthopædic Services was excellent, but they violently disagreed with the view that trivial defects were being referred to them. In their opinion, it was of the utmost importance that a specialist in orthopædics should have as many opportunities as possible of observing cases in their early phases. Admittedly, a proportion of these cases were made normal by the ordinary remedial exercises available in some of our Schools ; but, even so, it was still important to the Orthopædic Surgeon that he should be aware of the incidence of these cases, and that he should be in close touch with the remedial work being done in the Schools in the County.

One Surgeon went on to make the further recommendation that cases which had been referred to Orthopædic Clinics and sent back as not requiring treatment should certainly be re-examined by the School Medical Officer at appropriate intervals. Though the orthopædic specialist has more experience in the diagnosis and detection of defects, the School Doctors and Physical Education Organizers have something useful to add to his opinion, since they are able to watch the child following its normal life over a long period and thus get a view of the case in circumstances impossible in a busy Out-Patient Department.

TUBERCULOSIS

Findings in Chest Clinics on Children referred for Investigation during 1950.

The following Table gives a summary of the work done amongst the School population by the Chest Physicians in the County :—

	St. Albans.	*Hitchin.*	*Barnet.*	*Hertford.*	*Watford and Hemel Hempstead.*	*Totals for whole County.*
(*a*) Suffering from pulmonary tuberculosis	34	9	1	8	12	64
(*b*) Suffering from non-pulmonary tuberculosis . . .	25	11	1	5	3	45
(*c*) Not suffering from tuberculosis .	155	70	42	74	*	341†
(*d*) Still attending Chest Clinic but no diagnosis made . .	26	21	103	6	*	156†
Mantoux Tests carried out—						
(*a*) Positive .	67	18	124	76	*	285†
(*b*) Negative. .	194	61	199	70	*	524†
Number of B.C.G. vaccinations .	37	2	60	6	18	123

* Figures not available.
† Excluding Watford and Hemel Hempstead Clinics.

During the year there have been regular Conferences with the Chest Physicians, at which problems affecting the School population have been discussed ; but since there has so far been no finality about the type of records to be kept by the Chest Physicians, it is not possible to produce statistics which record the part played by this Service in controlling the incidence of tubercle amongst school children.

The Committee may be interested in the following summary of the action taken in one School in this County in which a case of T.B. had been discovered.

A survey of the children on the roll of this School was undertaken. The children were jelly-tested : 24 per cent were found to be positive and 76 per cent negative. Following this, the mass radiography unit visited the

School and all the pupils and staff were X-rayed. Of the total of 500 pupils and staff examined, seven appeared to be abnormal. Large films were taken of these seven which gave the following results :—

Normal	5
Bronchiectasis	1
Small focus—probably healed . . .	1

In the case of doubtful focus which appears to be healed, the child lives in the area of another County, and has been referred to the local Chest Clinic for observation.

SCHOOL DENTAL SERVICE

The County Dental Officer submits the following report on the School Dental Service during 1950.

" The acute staffing difficulties referred to in the past two years have in no way abated during 1950 and it is disheartening to have to report a further decline of the School Dental Service. Two more resignations of whole-time dental officers have occurred so that, at the end of the year, we were eleven below establishment. All efforts to recruit wholetime staff have been entirely fruitless as the rate of remuneration offered is not comparable with that obtainable under the National Health Service.

" The operation of the Health Service Act has certainly had disastrous effects upon the school dental service all over the country and comparison of some of the statistics for Hertfordshire for 1947, the year before the Act came into force, with those for 1950 shows the extent of these effects very forcibly. During this period the number of children inspected has fallen by 39,085 and the number treated by 10,872. The attendances at our centres have been reduced by 18,892, resulting in 12,260 less conservation operations carried out. The number of extractions were 8,351 less, but it will be noted that this figure has not fallen in proportion ; the significance of this is indicated by the fact that whereas in 1947 the ratio of operations directed to saving the permanent teeth to extractions of these teeth stood at 7·8 to 1, it has now declined to 4·5 to 1. Thus, not only has the amount of work it has been possible to do for the children been drastically curtailed, but the type of treatment now rendered necessary has also deteriorated. There is no need to stress the results of this situation upon the children or upon the general dental service which will be required to cope with heavy demands for treatment, demands which could have been largely prevented by an efficient priority service.

" Because they are eligible for attention under the National Health Service in the same way as other members of the community, the seriousness of the situation, from the point of view of the children, does not appear to be fully realized in some quarters. A number of scholars certainly receive treatment under that service, but the bulk of the school population remains without attention. The position is shown by the fact that 68·4 per cent of the children inspected were found to require treatment and of these 82·1 per cent were treated under our own scheme. A detailed examination of 671 children carried out in an area where routine dental inspection and treatment had not been available for two years showed that only 16·8 per cent had been treated privately during that time. The average number of carious teeth per child was three. These figures hardly suggest that an efficient school dental service is not urgently needed. Such a service is largely preventive and is taken to the children, whereas attention under the National Health Service can be given only on application by the patients—a fundamental difference which indicates the real priority that could be provided by a well staffed County Dental scheme.

" The present depleted state of the County Council's Dental Service is reflected in that of other local authorities, although this County is amongst the worst sufferers. In August, the position in other areas was reviewed and it was ascertained that the percentage of approved establishments employed by County Councils averaged 46, excluding two instances in which there were no dental staff, the figure for Hertfordshire being 35. Obviously, under these

circumstances, very large numbers of children are without dental supervision and, equally obviously, the problem will have to be dealt with nationally. The first requirement is to reduce the disparity between the remuneration received by practitioners under the National Health Service and that paid to public dental officers so that the latter are not induced by economic considerations to leave the local authorities' services. Another means of helping to provide dental attention for the children would be to reduce the demands being made upon general practitioners by the adult population. The institution of a nominal charge for treatment from which children would be exempt, might be effective in this connection. The country's school dental service will certainly continue to decline unless some action of this nature is taken in the near future and as far as this County is concerned, it will soon collapse altogether in spite of the ceaseless efforts made to hold the service together. The harassing difficulties of this task were indicated in the report for last year and there is no need to stress them again beyond saying that they have in no way diminished.

" It has been possible to maintain the scheme for dealing with irregularities of the teeth and jaws at a very high level. Requests for this treatment show no signs of abating and the Orthodontist is doing his utmost to undertake as many cases as possible within the limited time at his disposal. Delays are inevitable under present conditions and careful selection of cases continues to be necessary, but this County is most fortunate in retaining the services of a Specialist for this work. The number of children under treatment during the year was 1,988 and 3,433 attendances were made, special sessions being held at the following centres :—

East Barnet	Hitchin
High Barnet	Letchworth
Bishop's Stortford	St. Albans
Hatfield	Waltham Cross
Hertford	Watford

" The amount of work it has been possible to carry out under the County scheme, although considerably less than hitherto, is largely due to the loyalty to the Service of the part-time Assistant Dental Officers including, of course, the Orthodontic Specialist, in the face of continued financial loss. These officers' appreciation, shown in a very practical form, of the value of the service is extremely encouraging and their valuable help is most gratefully acknowledged. Due credit must also be given to the remaining whole-time Assistant Dental Officers who continue to work under very exacting conditions in the hope that the service will, eventually, be restored to its rightful place in the National Health scheme."

DACORUM DIVISIONAL EXECUTIVE

Report by Dr. M. Gross, Divisional Medical Officer.

During 1950 the alterations in procedure resulting from Divisional administration have become established ; they may be said to be working well and with benefit to the Service. The minimum amount of disturbance occasioned by their introduction has certainly been largely due to the whole-hearted co-operation of the teaching staff of which one can only be most appreciative.

Originating with specific objects and developing along somewhat stereotyped lines the School Medical Service has surmounted peculiar difficulties in keeping itself attuned to the requirements of rapidly changing social standards. The bare bones of such a service—the routine medical inspections, the precise recordings, the cleanliness inspections, the scholastic adjustment of handicapped children—must, of course, be accorded due attention. But a service so restricted will not live. The skeleton has to be covered and the whole revivified through the intelligence and enthusiasm of those who carry out the duties of the service. Valuable as records and statistics may be, it is rather by the workers' unrecorded

labours in obtaining the collaboration of the children, parents, and teachers in the promotion of the children's welfare that the Service lives. The manner in which Dr. Keith in her Report stresses the importance of detailed advice to parents, the careful following-up work of nurses and health visitors, and the desire shown by the office staff to give a helping hand whenever an occasion arises are all indicative of life in the Service in this Division.

Even this in itself is not enough. The School Medical Service needs to be in far better contact with other medical services available to the school child. The Medical Practitioners' Service, the Dental Service, and the Hospitals Service may be instanced. The problems involved here cannot be solved unilaterally ; there must be reciprocation. It is clear that only co-operation of the different services can bring success. There are certain indications in the Division that such a necessity is realized but the modern tendency for negotiations to become more protracted as they proceed is not encouraging.

SCHOOL MEDICAL INSPECTION

The School population figure was almost identically the same as in 1949 ; there was some increase in the Primary age group and a decrease in the Secondary group. As compared with 1949 the total number of periodic inspections was slightly up, a drop in the third age group being more than compensated in the first age groups and in age groups brought forward from the previous year. Routine periodic inspections were completed this year apart from absentees.

PUPILS FOUND TO REQUIRE TREATMENT

Statistics for 1950 are extraordinarily comparable with figures for 1949 and 1948. There is therefore no indication of any reduction having been effected in the number of children requiring treatment for defects ; probably any such indication in a district where no particular defect is especially prevalent would only become evident over a much longer lapse of time.

Certain types of defect are considered later, but generally speaking the following up of children requiring treatment has been difficult and imperfect owing to lack of facility in obtaining information from medical sources. I dwelt on this subject to some extent in my report last year and I need not labour it again. Dr. Keith, in her Annual Report on School Medical Inspection, states :— " It is only by constant effort by the nurses and myself that adequate information can be obtained about treatment. It is very disappointing to do careful work and to be kept in ignorance of the result." The County School Medical Officer initiated a discussion on this subject with the West Herts Hospital Authority and it is hoped that some improvement in co-operation in this work will ensue during 1951.

GENERAL CONDITION OF PUPILS

Statistically the general condition of children has slightly improved. The percentage of children classified as " Poor " fell from 1·4 to 0·7, while those classed as excellent rose from 37 per cent to 40·9 per cent. In relation with this trend it is notable that the percentage of children taking school meals and school milk continued to fall at an increasing rate.

DISEASES OF THE SKIN AND MINOR AILMENTS

The very mild incidence of skin disease can be taken, in part, as an indication of the continued improved standard of general cleanliness. The number of cases of impetigo was again comparatively small. Only 4 cases of scabies were reported throughout the year and only 6 cases of body ringworm, while it is noted with relief that ringworm of the scalp was entirely absent.

37,408 cleanliness examinations were made by the School Nurses, and in

88 cases a child was found to be verminous. This compares with the figure of 112 in 1949. These 88 cases probably represent considerably fewer children because a certain number of children are found to be recurrently verminous. The "Problem Families" still remain a real problem.

During the year it was found possible to still further reduce the number and frequency of Minor Ailment Clinics. In certain areas local circumstances appear to contra-indicate their being completely abandoned, but on the whole their maintenance became unnecessary.

DEFECTIVE VISION AND SQUINT

Errors of refraction and squint . .	326
Spectacles prescribed . . .	141
Number obtained	unknown.

It will be noticed that a large number of children referred to the Ophthalmic Surgeon were found to have errors of refraction but did not have spectacles prescribed. These references are of course unavoidable; it is not until the Surgeon has examined the child's eyes that it can be determined whether the condition is severe enough to require spectacles or whether the condition would benefit from them.

Although the period elapsing between the ordering of the spectacles and their reception still tends to vary with the optician employed, on the whole it may be said that their provision has been accelerated. A delay of six months is however, recorded in some cases by Dr. Keith.

Some delay in the reference of children to an Ophthalmic Surgeon resulted during the year from the regretted death of Dr. A. W. Young who for many years had undertaken so much of this work.

In regard to the Churchill Orthoptic Clinic, Miss Bickerton, the attending Orthoptist, reports: "Owing to the death of Dr. Young early in 1950 the number of cases referred to the Clinic was small, until the appointment of Dr. Brewerton to the Hemel Hempstead Ophthalmic Clinic and of Dr. Gardener to the Berkhamsted Clinic. This resulted in a sharp increase in the number of cases referred, from October onwards, and a waiting list again accumulated. It is hoped to hold the Clinic upon two days per week in 1951, which will enable patients to attend twice weekly if necessary."

TREATMENT OF DEFECTS OF NOSE AND THROAT

	1950.	(*1949*).
Known to have received treatment for adenoids and chronic tonsillitis.	82	(46)
Known to have received treatment for other nose and throat conditions.	3	(1)

These figures of treatment are not necessarily complete, but there is little doubt that compared with 1949 there was a definite increase in the number of operations carried out. This was due to a determined effort by the West Herts Hospital to overcome arrears by the institution of increased operation sessions which would have been even more successful had not the prevalence of poliomyelitis rendered it advisable to halt proceedings for about $2\frac{1}{2}$ months in the late summer and early autumn.

ORTHOPÆDIC AND POSTURAL DEFECTS

Divisional figures as regards treatment are again not available this year.

The new arrangement whereby the children requiring attention by an Orthopædic Specialist are seen by Mr. Trevor at the West Herts Hospital works well and is a great improvement on the former diversion of cases to Watford Clinic.

As regards co-operation in treatment, Dr. Keith says: "It was noticeable that the only cases of crushed toes and hammer toes having treatment were the painful ones. I find that orthopædic treatment is more difficult than

any other in which to get co-operation from parents and children. It is unusual for exercises to be carried out conscientiously unless there is pain, and modified or good shoes are kept ' for best '. In most cases the children, when questioned, could not even remember the exercises they have been told to do. On the whole, co-operation is good where there is a marked defect such as painful hallux valgus, congenital talipes, kyphosis with scoliosis, but these are the rarer cases.

Unfortunately the cases which would respond most readily—the poor postures, the weak and valgus ankles—occur mostly in children from homes where the general care in matters of hygiene and diet is inadequate. Improvements in amount of sleep, footwear, diet, etc., are only maintained for a short time and exercises are soon allowed to lapse and the general impression of the child is often one of slight general debility. Parents *are* learning the value of good shoes for school children—but the habit of too constant and prolonged wearing of plimsolls and Wellingtons is hard to break down."

DENTAL INSPECTION AND TREATMENT

Dental Inspection and treatment through the School Dental Service is in abeyance throughout the whole of the Division except at Hemel Hempstead. The comparatively small amount of dental work carried out in 1949 was further decreased in 1950, 100 fewer children being inspected and 84 fewer children receiving treatment. Further than this, it appears that, comparatively, more teeth have been extracted and fewer fillings made. This would appear to be an indication either that the children's teeth are deteriorating to an extent which renders conservative treatment of less avail, or that the curtailed service will not permit the more lengthy conservative treatment to be made so available. Dr. Keith states : " In my opinion there is a marked deterioration in the state of the children's mouths since 1948 and it is having an effect on general health . . . "

INFECTIOUS DISEASE

There was an increased prevalence of infectious disease among the school children during 1950. Whooping cough was notably prevalent throughout the Division ; of a total of 181 cases, over 50 per cent occurred in school children. Measles started to become prevalent in the last two months of the year. During the year, of the 83 notified cases, about 40 were among school children.

Out of a total of 74 cases, there were 41 cases of scarlet fever among the children attending the Education Authority's schools. The only definite outbreak occurred at Belswains School, Hemel Hempstead ; there were altogether 12 cases here, one in August, 6 in October, 4 in November, and 1 in December. Selected swabbing, exclusion, and treatment of carriers were methods of prevention adopted.

NORTH HERTS DIVISIONAL EXECUTIVE

Report by Dr. V. R. Walker, Divisional Medical Officer.

ADMINISTRATION

Arrangement of routine school medical inspection has been at times made difficult by staff illness and shortage between resignation and new appointment but all the scheduled programme was again completed during the year and immunization work in schools brought up to date. Medical records are now stored at the Divisional office but only when all school year groups have been reinspected (that is after three complete years) will records for each school become reasonably accurate. Endeavour is at all times made to reduce to a minimum the clerical assistance required from head teachers and to arrange inspection programmes to the varying convenience of both large urban and small rural schools over the fairly widespread area.

FINDINGS REGARDING GENERAL CONDITION AT ROUTINE MEDICAL INSPECTION

Classification with the categories "Good", "Fair", and "Poor" must always vary with the individual judgments of the medical inspectors. Compared with the 1949 percentages there is shown a 7·0 per cent increase in the "Good" category and an 0·7 per cent increase in the category "Poor", while the percentage categorized as "Poor" steadily declines from 4·0 in entrants to 1·3 in school-leavers. These findings confirm a general impression that in the great majority of cases categorized as "Poor" a factor of previous serious illness, with slow recovery to full health is usually found to operate. Such children are watched for progress by recording of weight at the re-inspection visits each school term.

DEFECTS FOUND AT ROUTINE AND SPECIAL INSPECTIONS

Considerable reductions are shown in the numbers found requiring treatment of (*a*) skin conditions, (*b*) defective vision, and (*c*) orthopædic defects. Skin conditions requiring treatment have over the last decade shown a steady and continuous reduction while the ascertainment of defective vision is made at an earlier period of school life. As regards orthopædic conditions it seems reasonable to refer to special out-patient department cases showing considerable deviation from normal in posture or stance and to keep under observation within the school service minor deviations likely to improve with practical advice regarding footwear, remedial exercises, and building up of heels.

A most significant reduction is shown in throat and nose conditions requiring treatment, with a fall of 56 per cent on the previous year in the findings at routine and special inspections. The figure for such defects kept under observation on the other hand shows little change. Such data reflect continuance of the conservative policy recommended for Tonsillar and Adenoid conditions, active treatment being urged only where recurrent inflammations affect the general health or where there is nasal obstruction or any associated hearing defect. Numbers of hearing defects found requiring treatment showed a small increase on the previous year.

HEAD INFESTATION BY VERMIN

For the Division the numbers found to be infested shows the fairly spectacular reduction from 1949 of 59 per cent, from 194 individual children to 80. The special campaign of the Letchworth school nurses at the end of 1949 towards eradication of infestation in family units must contribute to this, but the work of school nurses in other areas also plays a part. Certainly the problem of head infestation is not one of individual children but of family units.

Of recent years it is almost unknown for school authorities to receive parental complaint of cross infestation in school, a complaint common in former years.

TREATMENT SERVICES

Ophthalmic Treatment.—Following centralization of clinic sessions to Hitchin and Stevenage there has been a considerable reduction in the total of cases treated for errors of refraction, due in large part to Letchworth parents taking advantage of the offer of treatment under the general N.H.S. facilities. There are also geographical difficulties in securing attendance at school ophthalmic clinics of children in the Royston area and from the more remote eastern and southern schools of the Division.

Child Guidance.—An adequate service continues to be provided on two days per week at the Maples Welfare Centre, Hitchin, though here again difficulties are found in securing attendance of children from the eastern and southern towns and villages.

Speech Therapy.—The increased weekly sessions at Hitchin, Letchworth, and Stevenage Welfare Centres have allowed more frequent attendances of a higher total of pupils, while the mobility of the therapist allows of country schools being visited and any suspect examined to determine whether clinic treatment is likely to benefit the particular speech defect.

MINOR AILMENT CLINICS

The numbers attending such continue low, due largely to the present continued absence of septic skin conditions in the school population. This allows the weekly doctors' sessions to be more in the nature of consultative sessions for special examinations, particularly for the investigation of suspected educational handicap, and as diphtheria immunization sessions.

HANDICAPPED CHILDREN

A very considerable amount of the Divisional school health work is devoted to the ascertainment of the varied types of handicapped pupil with the purpose of placing them in the particular environment suited to their educational needs. Apart from those children ascertained as handicapped, many others of lesser degree require examination and review at intervals.

IMMUNIZATION AGAINST DIPHTHERIA

Around the time of school entry single reinforcing doses continue to be offered to children previously inoculated, or primary immunization to entrants previously unprotected, and for rural and outlying schools visits continue to be arranged for its performance on school premises.

INFECTIOUS DISEASES IN SCHOOLS

Special precautions are observed in nursery schools during any prevalence in the particular district of whooping cough or measles, while other schools are visited for the detection of possible carriers when a notification of scarlet fever is received in respect of a scholar. The only event of note during the year was an extremely heavy incidence of measles in the small school at Holwell, a village which for a considerable number of years previously had not been visited by this infection.

SOUTH-WEST HERTS DIVISIONAL EXECUTIVE

Report by Dr. R. C. M. Pearson, Divisional Medical Officer.

MEDICAL INSPECTION

The total number of inspections for 1950 is almost the same as 1949, but rather more children were seen in the Primary age group, and consequently less in the other two groups. This position may also be seen in the school population when divided into the three age groups. The number seen apart from the prescribed groups has increased due to the necessity of examining the children on the South Oxhey Estate as soon as possible after their entry into one of the Schools in the Division.

A considerable increase in re-examinations (1,298) has taken place in spite of careful weeding out to avoid seeing children too early before the defects could possibly be remedied.

The defects, apart from defective vision found during "other periodic inspections" have more than doubled since last year, due to the number of children requiring treatment who have come to live at South Oxhey.

INCIDENCE OF DEFECTS

Errors of Vision, Squint, etc.—The number of children found with defects of vision in the Primary group has considerably increased due to the careful assessment made of all the children by the "E" card method. The total number of defects found during the year is the same as in the previous year.

Ear, Nose, and Throat Conditions.—Those found during periodic inspections are much the same as last year, but there has been a marked increase of " specials " brought forward due to the anxiety expressed by both parents and teachers at the delay in operative treatment. In spite of the fact that three times as many children received operative treatment last year when compared with the year before, there are still 286 urgent cases waiting admission. This matter is being urgently pursued with the West Herts Hospital Management Committee in an endeavour to provide treatment during the early part of the summer.

With the co-operation of the Hospital staffs it was possible to continue with operations last summer in spite of sporadic cases of poliomyelitis by arranging admissions from areas known to be free of cases.

It is worthy of note that the enlarged glands noted as defects last year have appreciably fallen in number in spite of the considerable length of the tonsils and adenoids waiting list, indicating that quite a lot of the enlargement is purely physiological and not due to a high infectivity of the tissues concerned. On the other hand it has been noted that hearing defects have risen, but in this case the numbers involved are small.

Orthopædic.—The posture and " flat foot " defects have fallen to half the number noted in 1949, but still quite a number of minor defects, mostly bony deformities, have been seen, some of them requiring operative treatment, others suitable for keeping under observation.

In co-operation with the head teachers of the North Watford Junior and Infant County Primary Schools a series of classes was organized in schools where appreciable numbers of children could be grouped, and thus derive benefit from remedial exercises in addition to their normal physical education. Such children are recommended by the Assistant School Medical Officers either at routine inspections or from the Minor Ailment Clinics, and then after a period in the class are seen again to ascertain progress and be discharged if found sufficiently improved.

GENERAL CONDITION

It is a pleasure to record once again a marked improvement in the " general condition " in Infants on entry (27 per cent in 1948, 38 per cent in 1949, and now 43 per cent in group " A ") with a corresponding fall in the " Poor " group. The instance of children in " poor condition " seen apart from periodic inspections again reflects the abnormal number of school entries at various ages, and the chance that these are going to have to improve in their new surroundings.

SKIN DISEASES

Apart from a single case of ringworm of the scalp, which was fortunately found in time for a thorough investigation to be carried out quickly, no further cases resulted. For the first time no case of body ringworm reported for treatment.

VERMIN INFESTATION

The number of inspections has been maintained, but the infestation rate has fallen by one-half. The credit for this improvement must go to the Health Visitors who have pressed home the advantage given them by the distribution of " suleo ", thus enabling them to approach the mother of each child concerned, demonstrate to her how to improve the condition, and impress upon her the necessity for maintaining cleanliness.

It seems quite possible that routine hygiene inspections as they are known at present might be dropped some time in the future in Secondary Schools and replaced by hygiene talks and, if necessary, demonstrations, thus removing the stigma of the known " infested " child, and replacing it by pride in their general appearance, etc.

OPHTHALMIC SERVICE

There was a considerable increase in the number of children seen at the Ophthalmic Clinics, but only the same number of glasses was prescribed. Prescriptions were issued in the proportion of one to every three children examined.

During the year the new Opthhalmic Clinic was opened at the Bury, and sessions have since been held twice weekly.

ORTHOPTIC CLINIC

During 1950, 396 sessions were held at the Watford Clinic by the Orthoptist, at which 96 new cases and 97 old cases made 2,298 attendances. Of these children 34 were discharged as cured during the year and 38 others' treatment was discontinued.

In addition, 167 children were kept under observation by the Orthoptist and when re-examined by the Ophthalmic Surgeon 118 were found to be suitable for treatment and were thus placed on the waiting list.

SPEECH THERAPY CLINICS

During the year 209 sessions for treatment were held by the Speech Therapist and 114 children made 1,152 attendances at the Clinics.

Of these 114 children, 44 were still in regular attendance at the end of the year, and 9 others were remaining on the Clinic books to attend for periodic re-examination.

DIPHTHERIA IMMUNIZATION

It is felt that the continued education of parents is vitally necessary if sufficient protection is to be given to children, not only as infants, but during their school life, and this can only be done by regular visits to schools so that with the co-operation of the head teachers the parents accept immunization as normal practice. With this in mind it would be helpful if the schools outside Watford could be placed in the hands of one Assistant County Medical Officer in the same way as has been done for a number of years in the Borough.

HOSPITAL TREATMENT

It would be quite easy for the further treatment of children leaving hospital, and their observation in schools to be neglected if it were not for the good liaison which exists between the staff of the hospitals, particularly the Almoners, and the School Health Service. On these lines it has been possible not only to indicate the type of treatment received in the hospital by school children, but also to follow them up as they leave, and report on them when followed up as out-patients and refer them to their own doctors if not making satisfactory progress. This particular liaison is very important in providing treatment and after-care for ear, nose, and throat patients, and orthopædic defects.

HANDICAPPED CHILDREN

Once again the entry of the children resident in South Oxhey has put a strain on the admission of Handicapped Children to Residential Schools, since quite a number of these children were already attending one or other type of Special School when living in London.

The main difficulty with this group of children seems to lie in the admission of physically handicapped and educationally sub-normal children to Residential Schools, but long periods of waiting are also experienced in the blind and deaf groups.

During 1950, 20 delicate pupils, i.e. handicapped pupils, category E, were discharged from Residential Schools, having made a satisfactory recovery and become fit to attend ordinary schools.

In addition 44 children received convalescent treatment in short stay holiday homes ; and the Local Education Authority was financially responsible for their maintenance. Of these children two were still away at the end of the year.

No children were waiting for admission to Holiday Homes at the end of the year.

ST. ALBANS DIVISIONAL EXECUTIVE

Report by Dr. J. C. Sleigh, Divisional Medical Officer.

MEDICAL SERVICES FOR 1950

The general health of the school population remains high, and no serious epidemic disease broke out, though the incidence of pertussis and especially measles was high throughout the year. In the St. Albans Division contacts of scarlet fever are not excluded from school but I did not come across a single case of scarlet fever which could have been considered due to infection by a " contact " at school.

SCHOOL BUILDINGS

Five new schools were opened during the year and one (Furzehill Road, Boreham Wood) reopened after being burnt down. These new buildings are excellent and have proper provision for medical inspections. Unfortunately already some of the newer schools are so hard pressed for room that the medical inspection rooms have to be used for purposes other than what they were designed and difficulties have arisen owing to noise from adjacent classrooms. It is hopeless trying to listen to a child's heart and lungs with a singing or dancing class next door.

The prospects of General Practitioner Health Centres being erected within the foreseeable future seem very remote, but the provision of Part III (Local Health Authority) clinics to cope with the school and child welfare population is in many cases most urgent. It has been proposed that such clinics could be provided by extending the medical inspection facilities at strategically situated new schools, preferably infant, at a comparatively small cost. I am an enthusiastic supporter of this idea. It will be very much more economical in buildings and will accustom the child to the school atmosphere almost from birth.

As an experiment we are holding the Child Welfare Clinic every second and fourth Wednesday at the new school at Batford. This was not designed for the purpose and the lay-out is by no means ideal, yet if it had been planned as a combined Medical Inspection and Clinic the extra cost would have been almost nil.

A new Part III Health Centre is urgently required to the south-west of St. Albans and also a new school. The opportunity should be taken of combining the two. Later another school and clinic will be required north-east of the city and experience gained in the provision of that in the south-west will then be available in the design.

SCHOOL MEALS SERVICE

This has maintained a very high standard despite many difficulties. It is noteworthy that no case of suspected food poisoning has been reported.

CO-OPERATION WITH TEACHERS

Co-operation with teachers has been excellent. The advantages of keeping all school medical inspection record cards in the Divisional Office are, I think, now universally agreed, whilst the use of forms 39/8 S.H. 15 to give the head teachers a record of advice given re individual children, seems to be efficient.

CO-OPERATION WITH GENERAL PRACTITIONERS

The system whereby no child is referred to a specialist (except eye and dental cases) except through its own doctor, has been strictly adhered to. The principal at stake is in my opinion vital. The general practitioner is the only person who can know all about his individual patient. He is the person, and no other, who will be called out to the patient's home if they are ill. In many cases defects found at medical inspections are being treated by the general practitioner or through the general practitioner by a specialist chosen by him. Many children do not know, and many parents under the mistaken idea that they will get a " second opinion ", do not tell the Assistant County Medical Officer they are being treated by their general practitioner and there is a strong temptation for the Assistant County Medical Officer to hasten things by sending the case direct to a specialist clinic. This can only lead to a feeling of unmerited distrust of the general practitioner and quite possibly the institution of two different and incompatible treatments at the same time.

I feel we have now the confidence and co-operation of the general practitioners and that is very valuable, especially to our mutual patients, the school children.

SCHOOL DENTAL SERVICE

In the city of St. Albans we are fortunate to have one of the few whole-time school dentists, but of course she cannot undertake all the school dentistry in the Division. I have been particularly fortunate in never having failed to obtain urgent treatment for a school child, either from Miss Wilson or from one of the private dental practitioners.

TONSILS AND ADENOIDS

Both Dr. Chalmers and Dr. Gilmore refer to the long waiting list. The numbers awaiting operation on the school lists are 213, but the numbers on the hospital waiting lists are Mid Herts 50, Osterhills 489, i.e. 539. I have discussed these figures with the E.N.T. specialist and we agree that these lists are grossly exaggerated. It is really amazing how many apparently bad tonsils will recover completely if left alone, especially under the age of seven. The waiting list is now being gone through very carefully by the E.N.T. specialist and I shall be surprised if the final hospitals list comes to 100 cases.

RINGWORM

There are no facilities in the St. Albans group of hospitals for the X-ray treatment of ringworm and such cases will have to travel to London. But as there were only two cases of ringworm of the scalp in the Division in 1950, one cannot press for the provision of this treatment in St. Albans.

ASSISTANT COUNTY MEDICAL OFFICER'S REPORTS

I agree with the comments of Dr. Chalmers and Dr. Gilmore with regard to nutrition, " E " cards, diphtheria immunization (no case of diphtheria was notified during the year for the areas for which I am Medical Officer of Health), dull, and backward children.

Dr. Gilmore's suggestion re Mantoux tests I have discussed with the Chest Physician but I find her suggestion is impracticable. Some Assistant County Medical Officers might be able to properly assess them, others not. In any case we simply have not the medical staff to do it. It is only with great difficulty that we have been able to complete the medical inspection of the age groups laid down along with the various specials. To do the Mantoux test, even on the routine age groups, would slow down medical inspection by, I estimate, 20 per cent, and in addition would involve a second visit to the school to read the results.

Re-inspections.—Many cases at routine medical inspection require "Observation" only, but all these require by no means the same frequency of observation. Some may require to be seen every term; others at much longer intervals. In order that the office may pick out the cards of those to be seen at each inspection Assistant County Medical Officers now mark "O" 3/12 or "O" 12/12, etc., to indicate when they want to see the case next. This simple method has reduced the number of re-inspections considerably.

In conclusion I would like to thank all my staff for their conscientious and painstaking work throughout the year. All—office staff, nurses, and doctors—have been really excellent. Dr. Chalmers, alas, is shortly leaving us, very much to our sorrow. She is the best Assistant County Medical Officer I have had the good fortune to work with and I can only wish her every success and good fortune in her new appointment.

MID HERTS DIVISIONAL EXECUTIVE

Report by Dr. G. R. Taylor, Divisional Medical Officer.

MEDICAL INSPECTION

Inspection of children in the three prescribed age groups and the eight-year-old group were completed during the year, the total number being 2,499 children, an increase of 160 on the previous year. In addition, a total of 2,332 special inspections and re-inspections were carried out, also a slight increase on 1949.

INCIDENCE OF DEFECTS

Vision Defects.—A marked increase in the number of children at routine and special inspections referred for the treatment of eye defects is noted, 214 compared with 170 during 1949. This is largely due to increased attention to the testing of entrants to primary schools during the year.

Defects of Ears and Hearing.—In spite of the special attention given to the testing of hearing by the standard forced whisper and watch tick methods, the number referred for the treatment of hearing difficulties, 16, shows little change on previous years. Only four children were referred for the treatment of suppurative otitis media, illustrating the advantages of the use of antibiotics in the treatment of acute throat and ear infections.

Nose and Throat.—While 322 children were referred for defects of nose and throat at routine inspection, there has been a marked fall in the numbers returned as specials, 19 compared with 73 in 1949. Although fewer children have received operative treatment for infected tonsils over the past two years, there has been no increase in the incidence of otitis media, or cervical adenitis.

Orthopædic.—The number of defects found at periodic inspection was 296, an increase of 58 over 1948. This is entirely due to more children being referred for observation of slight postural defects not requiring active treatment.

GENERAL CONDITION AND NUTRITION

An improvement is shown in the general condition in each age group examined, a total of 66 per cent being placed in category "A" compared with 49 per cent during 1949. Of 2,500 pupils examined only 25 were placed in category "C" (poor).

SKIN DISEASES

A total of 23 cases of ringworm of the scalp were found among children attending school at Hatfield and Welwyn Garden City during the first quarter of the year. As diagnostic facilities were not available to medical practitioners at local hospitals they were invited to refer doubtful cases to the School Health Department where a Woods lamp was available for prompt inspection. No

fresh cases were detected during the second half of the year, following a good response from practitioners, heads of schools, and school nurses in ensuring full investigation of suspected cases. No cases of scabies were found among school children during the year.

OPHTHALMIC SERVICE

581 children were referred to the Ophthalmologists for examination of eye defects, compared with 256 during 1949. There was only a slight increase (196—228) in the number for whom spectacles were prescribed, however, as the increase was mainly due to increased efforts to test the vision of primary entrants, where interpretation of the results on the Snellen test card by the examining School Medical Officer is often difficult.

Throughout the year there has been a great improvement in the delivery of spectacles, which is now 3–4 weeks, except where special lenses or tinted lenses have been prescribed.

ORTHOPÆDIC AND POSTURAL DEFECTS

In order to foster a close link between the School Health Department and the work of the Orthopædic Clinic, a School Nurse has been selected at Hatfield and Welwyn Garden City to attend regularly at the respective clinics for the hour when school children are seen. Practical difficulties at home and school and the past progress of the child can thus be available to the surgeon, who in his turn can discuss with the School Nurse his recommendations for any modification of normal school activities, treatment, and follow up. In addition the Assistant School Medical Officer will attend occasional clinics to obtain the surgeon's views on the children referred to him.

Minor postural and orthopædic defects in children attending primary schools are mainly tokens of poor general muscle tone with impaired physical resilience to meet a particular stress. While the majority correct themselves without active treatment, these abnormalities are worthy of study in relation to the child's daily routine in the normal primary school curriculum. Most of them are probably avoidable, or could be corrected earlier with improved emphasis upon physical activity and school furniture, correctly suited to practical requirements.

There is, however, a need for the Educational Authority to assume a greater responsibility in the prevention of these postural defects by increasing the range of physical activity in the primary schools and extending the remedial exercise classes, now being organized in the south and south-west Divisions throughout the rest of the County.

SCHOOL MEALS

68 per cent of the children attending maintained schools in the Division took their midday meal at school and 79 per cent took milk during the mid-morning break.

The care taken in the preparation and distribution of the school meals reflects great credit upon the canteen and kitchen staffs and the teachers, especially when one realizes how rarely a case of infection due to food occurs and what ready soil to receive infection such large numbers of young children present.

During January, 1951, an explosive outbreak of gastro enteritis with 170 cases, due to food poisoning, occurred among the pupils and staff of a large residential private school of the highest standard. Full investigation by the District Council concerned and the Regional Public Health Laboratory disclosed that infection was due to contamination of food from the presence of a carrier of the organism of Sonne dysentery among the kitchen staff. Inspection of the kitchen arrangements showed that the food preparation rooms were well designed and of modern construction with ideal facilities for the storage,

preparation, and serving of the meals. The cleanliness of both rooms and utensils was high and yet lax standards of personal cleanliness of one member of the staff was responsible for this large outbreak of food poisoning.

By arrangement with the Divisional Education Officer the Divisional Medical Officer gave a lecture to canteen staffs throughout the Division, accompanied by the Ministry of Health film "Another Case of Food Poisoning", early in the summer in order to bring home to them the great importance of simple personal hygiene and cleanliness throughout the preparation and distribution of school meals.

DENTAL INSPECTION AND TREATMENT

With the resignation of Mr. Price early in the year, school dental inspection and treatment has been suspended throughout the Mid Herts Division, with the exception of the Orthodontic sessions held fortnightly at Northcotts Clinic, Hatfield. In Welwyn Garden City dental practitioners, although fully engaged on their added commitments under the National Health Service, have shown themselves anxious to assist in the present difficulties, and a parent can usually obtain an early appointment for a school child, following the recommendation of the School Medical Officer. This, however, covers only the school child with obvious dental defects in need of attention and cannot be regarded with complacency as a substitute for regular dental inspection and preventive treatment. In Hatfield and the more rural areas dental practitioners have less time to devote to the needs of the children, so that the results of the neglect of dental hygiene and treatment are increasingly apparent.

HANDICAPPED PUPILS

A total of 134 children are on the register of handicapped pupils for the Division. Of these 52 are educationally sub-normal, 27 maladjusted, and 33 have speech defects. The number awaiting admission to Special Schools has risen from 23 to 27. The main difficulty is delay in finding suitable accommodation for the educationally sub-normal, maladjusted, and epileptic children awaiting entry to Special Schools, although the Central Department co-operates well in obtaining priority for especially difficult cases.

INFECTIOUS DISEASES

The year produced no widespread outbreak of infectious disease. There was a heavy incidence of chicken pox at St. Mary's Junior School, Welwyn, following the sharp outbreak of measles during the previous autumn term, and throughout the Division the final quarter of the year showed increasing absences due to measles.

Poliomyelitis.—Two non-paralytic cases occurred among the children attending St. Mary's Primary School, Welwyn, and a case with some paralysis of the left shoulder and arm at Countess Anne J.M.I. School, Hatfield.

I would like to record the great assistance given by the heads of Handside S.M., Northaw J.M.I., and Countess Anne J.M.I., Hatfield Schools, in accepting the responsibility for severely paralysed children in their schools. The personal interest and assistance given to these three children has enabled them to maintain their normal school and home environment, while direct co-operation and understanding between parent, teacher, and child has overcome many apparently insuperable practical difficulties.

HEAD INFESTATION

The number of children found to be infested fell from 136 to 89. In five cases cleansing notices were issued under Section 54 (2) Education Act, 1944, but in all cases the necessary action was taken by the parents without the issue of a cleansing order.

STATISTICAL TABLES FOR THE WHOLE COUNTY

Medical Inspection and Treatment, 1950.

School Population, 1950

The number of scholars on school rolls and schools on 31st July, 1950, were :—

Primary School children	45,323
Secondary School children	25,529
	70,852

Number of Primary Schools	240 (270 Depts.)
Number of Secondary Schools	65 (70 Depts.)

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

A. Periodic Medical Inspections.

Number of Inspections in the prescribed Groups :—

Entrants	9,583
Second Age Group	6,704
Third Age Group	5,992
Total	22,279
Number of other periodic Inspections	7,659
Grand total	29,938

B. Other Inspections.

Number of Special Inspections	7,073
Number of Re-inspections	25,214
Total	32,287

C. Pupils found to Require Treatment.

Number of individual pupils found at periodic Medical Inspection to require treatment (excluding Dental diseases and Infestation with Vermin).

Notes.

(1) Pupils found at periodic Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.

(2) No individual pupil should be recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	251	1,711	1,846
Second Age Group	403	807	1,126
Third Age Group	266	376	607
Total (Prescribed Groups)	920	2,894	3,579
Other periodic Inspections	401	1,001	1,310
Grand Total	1,321	3,895	4,889

TABLE II

A. Return of Defects found by Medical Inspection in the Year Ended 31st December, 1950

NOTE :—All defects noted at medical inspection as requiring treatment should be included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No.	DEFECT OR DISEASE (1)	PERIODIC INSPECTIONS — Number of Defects		SPECIAL INSPECTIONS — Number of Defects	
		Requiring Treatment (2)	Requiring to be kept under observation but not requiring Treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation but not requiring Treatment (5)
4	Skin . . .	156	300	427	19
5	Eyes—				
	(*a*) Vision . .	1,321	1,415	385	62
	(*b*) Squint . .	249	246	38	12
	(*c*) Other . .	134	144	141	21
6	Ears—				
	(*a*) Hearing . .	40	93	97	22
	(*b*) Otitis Media .	49	95	52	4
	(*c*) Other . .	62	87	148	24
7	Nose or Throat . .	927	2,008	419	60
8	Speech . . .	104	170	75	16
9	Cervical Glands . .	40	737	15	15
10	Heart and Circulation	87	626	46	34
11	Lungs . . .	196	591	69	49
12	Developmental—				
	(*a*) Hernia . .	27	47	5	—
	(*b*) Other . .	18	113	16	4
13	Orthopædic—				
	(*a*) Posture . .	471	319	43	13
	(*b*) Flat Foot .	472	280	50	9
	(*c*) Other . . .	701	706	132	38
14	Nervous system—				
	(*a*) Epilepsy . .	13	23	3	4
	(*b*) Other . . .	25	222	21	29
15	Psychological—				
	(*a*) Development .	64	274	101	45
	(*b*) Stability . .	49	204	82	34
16	Other . . .	309	520	1,276	185

B. Classification of the General Conditions of Pupils Inspected during the Year in the Age Groups

Age Groups (1)	Number of Pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of col. (2) (4)	No. (5)	% of col. (2) (6)	No. (7)	% of col. (2) (8)
Entrants . . .	9,583	3,672	38·3	5,595	58·4	316	3·3
Second Age Group . .	6,704	2,873	42·8	3,605	53·8	226	3·4
Third Age Group . .	5,992	2,875	48·0	2,977	49·7	140	2·3
Other periodic Inspections	7,659	3,182	41·5	4,121	53·8	356	4·7
Total . . .	29,938	12,602	42·1	16,298	54·4	1,038	3·5

TABLE III

Infestation with Vermin

NOTES

A statement as to the arrangements made by the Local Education Authority for the examination and cleansing of infested pupils should appear in the body of the School Medical Officer's Report.

All cases of infestation, however slight; should be recorded.

The return should relate to individual pupils and not to instances of infestation.

(i) Total number of examinations in the schools by the school nurses or other authorized persons	264,984
(ii) Total number of individual pupils found to be infested	795
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	75
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	Nil

TABLE IV

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

NOTES

(*a*) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(*b*) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

(*N.B.*—The information asked for in this table falls into these two Divisions (*a*) and (*b*), except in Group 5 (Child Guidance Treatment).)

GROUP I.

Diseases of the Skin (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year.	
	By the Authority.	*Otherwise.*
Ringworm— (i) Scalp	4	21
(ii) Body	15	3
Scabies	23	4
Impetigo	327	15
Other skin diseases	1,311	79
Total	1,680	122

GROUP II.

Eye Diseases, Defective Vision, and Squint.

	Number of cases dealt with.	
	By the Authority.	*Otherwise.*
External and other, excluding errors of refraction and squint	1,093	82
Errors of refraction (including squint)	6,342	244
Number of pupils for whom spectacles were—		
(*a*) Prescribed	2,590	10
(*b*) Obtained	2,695	22
Total	5,285	32

GROUP III.

Diseases and Defects of Ear, Nose, and Throat.

	Number of cases treated.	
	By the Authority.	*Otherwise.*
Received operative treatment—		
(*a*) For diseases of the ear . . .	—	20
(*b*) For adenoids and chronic tonsillitis .	—	859
(*c*) For other nose and throat conditions	—	16
Received other forms of treatment . .	447	143
Total	447	1,038

GROUP IV.

Orthopædic and Postural Defects.

(*a*) Number treated as in-patients in hospitals	88	—
	By the Authority.	*Otherwise.*
(*b*) Number treated otherwise, e.g., in clinics or out-patient departments . .	—	794

GROUP V.

Child Guidance Treatment.

	Number of cases treated.	
	In the Authority's Child Guidance Clinics.	*Elsewhere.*
Number of pupils treated at Child Guidance Clinics	929	16

GROUP VI.

Speech Therapy.

	Number of cases treated.	
	By the Authority.	*Otherwise.*
Number of pupils treated by Speech Therapists	580	5

GROUP VII.

Other Treatment given.

	Number of cases treated.	
	By the Authority.	*Otherwise.*
(*a*) Miscellaneous minor ailments . .	6,118	161
(*b*) Other (specify)—		
(1) Lungs	—	149
(2) Heart	—	42
(3) Operations and accdients . .	—	140
(4) Glands	—	26
(5) Nervous system . . .	—	41
(6) Others	—	46
Total	6,118	605

TABLE V

Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers :—	
(*a*) Periodic Age Groups	10,788
(*b*) Specials	3,988
Total	14,776
(2) Number found to require treatment	10,105
(3) Number referred for treatment	9,981
(4) Number actually treated	8,298
(5) Attendances made by pupils for treatment	17,341
(6) Half-days devoted to : Inspection	85½
Treatment	1,932½
Total	2,018

(7) Fillings :	Permanent teeth	5,995
	Temporary teeth	2,360
	Total	8,355
(8) Number of teeth filled :	Permanent teeth	5,367
	Temporary teeth	2,213
	Total	7,580
(9) Extractions :	Permanent teeth	2,033
	Temporary teeth	6,786
	Total	8,819
(10) Administration of general anæsthetics for extraction		4,076
(11) Other operations :	Permanent teeth	3,159
	Temporary teeth	3,869
	Total	7,028

SCHOOL HEALTH

IN

HERTFORDSHIRE

for the year

1951

SCHOOL REPORT FOR 1951

SCHOOL MEDICAL AND DENTAL STAFF

A. Whole-time Staff.

School Medical Officer.
Dunlop, J. L., M.D., D.P.H.

Deputy School Medical Officer.
‡Stewart, W., M.B., Ch.B., D.P.H.

Senior Assistant School Medical Officer.
‡Livingstone, F. D. M., M.B., B.Ch., M.R.C.P., D.C.H., D.P.H. (resigned 28.2.51).

Divisional School Medical Officers.

Dacorum Division.
*Gross, M., M.B., B.S., D.P.H.

South-West Herts Division.
*Pearson, R. C. M., M.D., M.R.C.P.(E.), D.P.H.

St. Albans Division.
‡*Sleigh, J. C., M.B., Ch.B., D.P.H.

North-Herts Division.
‡*Walker, V. R., M.B., Ch.B., D.P.H.

Mid Herts Division.
‡*Taylor, G. R., M.B., B.S., D.P.H.

Assistant School Medical Officers.
‡Allinson, R. M., M.B., Ch.B., D.P.H.
Barasi, F., M.R.C.S., L.R.C.P., D.P.H. (commenced 4.6.51).
‡Chalmers, A. R., M.D., Ch.B., D.P.H. (resigned 16.5.51).
Colman, B., M.R.C.S., L.R.C.P. (commenced 25.6.51).
Crawley, J. E., M.D., Ch.B., M.R.C.P.(E.).
Gilmore, M. P., M.B., B.Ch., B.A.O. (resigned 3.6.51).
Harwood, M., M.B., D.P.H. (commenced 21.5.51).
*Jones, E. M., M.B., Ch.B., D.P.H.
Karpati, L., M.D.
‡Keith, H. M., M.B., Ch.B. (resigned 30.9.51).
McCabe, E. M., M.B., Ch.B. (resigned 30.9.51).
‡Miller, M. S., M.B., B.Ch., B.A.O., D.P.H.
Moynihan, S. J., M.R.C.S., L.R.C.P.
Ormiston, H. E., M.B., B.S., D.P.H.
Ward, M., M.B., Ch.B., D.P.H.

B. Part-time Staff.

Assistant School Medical Officers.
Bunch, B., M.B., Ch.B. (commenced 1.10.51).
Bradnock, G. M., M.B., B.S. (resigned 31.7.51).
Gardner, J. M., M.B., B.S. (commenced 1.10.51).
Graham, J., M.B., Ch.B. (commenced 1.1.51).
Gregory, J. C., M.R.C.S., L.R.C.P.
*Hillis, C. R., M.B., B.Ch., B.A.O.
Jonas, W. H. P., M.R.C.S., L.R.C.P.
King, D. M., M.R.C.S., L.R.C.P., D.C.H.
Miall-Smith, G. M., M.B., B.S., D.P.H.
Mortis, R. H., M.R.C.S., L.R.C.P.
Munro, S. D., M.R.C.S., L.R.C.P.
Nunn, J. A., B.M., B.Ch. (Oxon).
Phillips, E. S., M.B., B.S.
Porter, A. S., M.R.C.S., L.R.C.P.
Randell, M., M.B. (commenced 4.6.51).
*Scott, C. M., M.R.C.S., L.R.C.P.
Symonds, W., M.B., B.S., D.C.H.
Tresilian, K. E., M.B., B.S.
Wiggs, F. M., M.B., Ch.B. (commenced 1.10.51).

County Ophthalmic Officer (Honorary).
Kathleen F. Matthews, M.R.C.S., L.R.C.P., D.O.M.S., D.P.H.

* District Medical Officers of Health.

‡ Approved by the Ministry of Education for the ascertainment of educationally subnormal pupils.

C. Dental Staff.

County Dental Officer.

Wilson, A. C., L.D.S., R.C.S.Eng.

Specialist Assistant Dental Officer (Orthodontist).

Daplyn, R. C., L.D.S., R.C.S.Eng. (part-time).

Assistant Dental Officers (whole-time).

Ewart, L. M. J., L.D.S.L'pool (from October, 1951).
Wilson, J. M., L.D.S., R.C.S.Eng.

Assistant Dental Officers (part-time).

Catchpole, O. N., L.D.S., R.C.S.Eng.
Fisk, S. W., L.D.S., M.R.C.S., L.R.C.P.
Ford, M. R., L.D.S., R.C.S.Eng.
Leek, F. F., L.D.S., R.C.S.Eng.
Lole, K.B., L. D. S., R.C.S.Eng. (from July, 1951).
Maclachlan, D., L.D.S., H.D.D. (resigned June, 1951).
Preedy, J. M., L.D.S.Durh.
Rabson, R. P., L.D.S., R.C.S.Eng.
Smith, C. W., L.D.S.Sask. (from October, 1951).
Tanner, P. M., L.D.S., R.C.S.Eng (resigned June, 1951).
Wheldon, G. W., L.D.S., R.C.S.Eng.

Nine Dental Attendants were employed to assist the Dental Officers at clinics and School Inspections.

D. Nursing Staff.

County Nursing Officer.

Miss F. MacDonald, S.R.N., S.C.M., M.T.D., C.R.S.I., T.A., H.V., Q.N.

Deputy County Nursing Officer and Divisional Nursing Officer for South and East Herts.

Miss E. O. Roberts, S.R.N., S.C.M., M.T.D., H.V., Q.N.

Divisional Nursing Officers.

Dacorum and St. Albans Divisions.

Miss E. Cooke, S.R.N., S.C.M., S.R.F.N., H.V., Q.N.

North and Mid Herts Divisions.

Miss E. E. Williams, S.R.N., S.C.M.

South-West Herts.

Miss N. S. Teed, M.B.E., S.R.N., S.C.M., H.V.

There are 58 County Health Visitors and School Nurses, and 60 District Nurses who carry out School Nursing.

E. Medical Auxiliary Staff.

Orthoptists.

*Miss Sheila D. Price (part-time) (resigned 31.1.51).
*Miss P. M. Baxter (full-time).
*Miss M. A. Bickerton (full-time).
*Miss A. J. Davie (full-time) (commenced 29.1.51).

Speech Therapists.

Senior Speech Therapist (part-time).

Mr. Leonard A. Willmore, L.C.S.T.

Speech Therapists.

Miss J. M. Chapman, L.C.S.T. (full-time).
Miss J. M. Collins, L.C.S.T. (part-time).
Miss N. M. Douglas, L.C.S.T. (full-time) (commenced 10.9.51).
Miss G. Farmer, L.C.S.T. (full-time).
Mrs. M. Greene, L.C.S.T. (part-time).
Miss A. McIlroy, L.C.S.T. (full-time).
Mr. C. N. Ogden, L.C.S.T. (part-time) (resigned 30.4.51).

* Diploma British Orthoptic Board.

The year 1951 saw a number of changes in the staff of the Health Department. Dr. Livingstone, the Senior Assistant Medical Officer, left in February to become a Divisional Medical Officer and District Medical Officer of Health in Warwickshire. Four whole-time Assistant Medical Officers resigned, one to take up a similar post near her home, one to marry, and two to accompany their husbands to appointments outside the county. The Senior Assistant vacancy was still unfilled in December, but three Assistant Medical Officers joined the County staff during the year.

There is at the present time a dearth of men seeking positions as Assistant Medical Officers and we are coming more and more to rely on married women doctors to keep the Service going : indeed, without them, either as whole-time or part-time officers, the School Health and Child Welfare Services could not be carried on. Of the eleven salaried officers on the Assistant Medical staff two are men and nine women, six of whom are married.

The dental staff remained during most of the year at the low level of one whole-time Assistant Dental Officer, reached in the Autumn of 1950, although a second Assistant Officer was appointed towards the end of 1951 and others are hoped for early in 1952. Fortunately a number of Dental Surgeons in private practice in the County have continued to serve in a part-time capacity and have thus enabled the School Dental Service to be more than just a name only in some parts of the County.

The school population increased by over 3,000 during the year and the routine medical inspections carried out also rose by much the same figure. These routine inspections form the basis of the School Health Service. From the inspections the children are referred for treatment to the appropriate service provided under the National Health Service Act or by the Education Authority, or are noted for re-examination at a later school inspection. The Assistant Medical Officers give Head Teachers, after each inspection, a list of the children in the schools who have a disability of which they should be aware, with their suggestions in respect of these children. Several of the Medical Officers in their reports have mentioned how closely they collaborate with the Head Teachers in the supervision of the children, and the very helpful interest of so many of the Head Teachers.

The number of children requiring or receiving treatment shows no sign of diminishing, as can be seen from the figures in Table II.

Postural and Orthopædic Defects.—The numbers referred with orthopædic defects continue to be high, but the increased interest of many teachers in this problem and their willingness to help with special exercises in schools, is proving of considerable benefit. Remedial Gymnasts on the Education staff are attacking this matter with great enthusiasm, and Miss Howie, one of the County Organizers for Physical Education, reports as follows :—

" The work in Barnet and Watford has now been established, and has been extended to Welwyn Garden City. Two schools have started classes after demonstrations to parents and teachers. The numbers of children receiving treatment in December, 1951, were :—

Barnet . . .	1,182—discharged during year, 380
North Watford . .	350—discharged, nil

Asthmatics : Fifty cases, including bronchitics and bad breathers, have attended special classes in Barnet and Watford. Fifteen have been discharged."

Defects of Ear, Nose, and Throat.—Although the numbers of defects of the nose and throat still remain high, this is the only group in which there has

been a drop in the number referred for treatment. Many children seen as entrants into school have already had their tonsils and adenoids removed, and in almost every area in the County the waiting list for tonsil and adenoid operations has become much smaller. It is interesting to note from the Medical Officers' reports that in the interval of waiting the need for operations has in many cases apparently passed.

All children requiring treatment, with the exception of those with defective vision, defects of speech, and minor orthopædic conditions, are referred to their family doctors. Some mothers cannot or will not give the time required to go to the practitioners' surgeries for the treatments recommended. As might be expected, this happens more commonly in the rural parts of the County.

Some medical officers have commented that several conditions, viz., asthma, rheumatic fever, and hernia, are almost invariably being treated, or have received treatment before the child is seen at school. Dr. Karpati considers that " this favourable state would not have been found before the Health Act came into operation ".

Verminous Children.—The hard core of families whose members are found in a verminous condition at hygiene inspections still exists in many parts of the County. The special campaign in the North Herts area continued in 1951 and Dr. Moynihan reports as follows :—

> " Verminous conditions of the head have not been found in my schools during the last two terms of 1951, except in Royston where one institution has proved a constant source of infection and worry of many kinds. Baldock has succeeded in cleaning their old offenders, and the nurses by treating any infections amongst newcomers to the area, have gained a clean bill in the Baldock schools. Letchworth remains clear by the same method, and very few cases among newcomers to the area have had to be dealt with."

Skin.—No case of ringworm of the scalp was reported from the medical inspections, although some cases of ringworm of the body were found and sent for treatment.

Scabies is now seldom seen among the school children in Hertfordshire, a vast improvement on the position a few years ago.

Although the numbers of skin conditions requiring treatment still remained high, most were only minor infections which cleared up rapidly.

Minor Ailment Clinics.—These clinics, which markedly increased in numbers during the war years, have in most parts of the County changed their form, now becoming centres where the medical officers, in addition to dealing with minor ailments, can see special children referred from their school inspections, give diphtheria immunization injections, examine children prior to employment, examine handicapped children, and carry out any other examinations which cannot suitably be done in the schools.

Handicapped Pupils.—New emphasis was given by the Education Act of 1944 to the need for adequate provision for handicapped pupils, and during the past five years much has been done for these children. Parents now know that they are not working alone in their efforts to bring the children with physical and mental handicaps within the ordinary community. Every endeavour has been made to find these children at an early age, so that no time should be lost in arranging suitable education. Facilities are not yet adequate for the country

as a whole—the present position in respect of Hertfordshire children can be seen later in this report—but the Ministry of Education has been investigating the position very thoroughly, and doubtless, when circumstances permit, will make arrangements for more residential establishments.

There are different grades of handicapped children, even within the individual categories, and many do not require residential schooling. Several of the Medical Officers have commented on this : Dr. Colman states as follows :

> " A child may be ' backward ' for many reasons ; he may have missed early schooling through illness, he may have moved and changed schools several times, he may be late in developing, he may be excessively shy and timid, he may have special difficulties to contend with at home, or he may be slow to learn. Under present conditions, with large classes, he never gets a chance to make up lost ground, and leaves school with an educational attainment far below that of which he is potentially capable. A special class for educationally sub-normal children has recently been started in one school in the area, with very encouraging results. One child I saw had improved almost out of recognition since the previous term."

Dr. Allinson of Watford stresses the need for day schools, stating—

> " The most serious gap in the School Medical Service is the complete absence of facilities locally for teaching the educationally sub-normal pupils, and also for dealing with physical defectives excepting by means of home tuition. Many of these children who have to go on waiting lists for special boarding schools outside the area, would be better attending special day schools and not deprived of normal family life, especially when the home is a good one."

In this connection attention is drawn to the notes on page 68. There are fifty-eight children whose names do not appear on the Kingsmead and Broxbournebury waiting lists, as their parents will not agree to the children going to residential schools. For our part it seems pointless to press these parents, since we already have a waiting list of children whose parents have consented. It may be that many of the recalcitrant parents would agree to their children attending day special schools, and it seems unfortunate that we should be unable to offer them a school of this type and thus at the same time reduce the pressure on Kingsmead and Broxbournebury.

It is hoped that it will not be too long before a day school for the physically handicapped can be set up in Hertfordshire, possibly at a point which would cater for the South-West and Mid-Herts areas, where there are quite a number of children who would benefit by attendance at this type of educational establishment.

SCHOOL DENTAL SERVICE, 1951

The County Dental Officer submits the following report :—

" The long awaited results of the protracted negotiations over the remuneration for whole-time public dental officers were made known during the year when the Dental Whitley Council (Local Authorities) published their recommendations. The adoption of the scales by the County Council led to

the actual appointment of a new dental officer in the autumn and the receipt of several applications and inquiries from dental surgeons regarding posts. It is confidently expected that it will be possible to make three or four additional appointments in the early part of next year, and it would appear that the Council's Dental Service might eventually be restored to a reasonable standard of efficiency. The amount of leeway to be made up through the deterioration of the service during the past three years is somewhat overwhelming and will take considerable time to overcome, but given goodwill and co-operation from all concerned the prospects of achieving worthwhile results in the course of the next year can be considered as encouraging. Just how far the staffing position will improve remains to be seen, and there are certainly no grounds for undue optimism, but every effort will be made to utilize the available resources to the very best advantage. Some clinics have already been started up again and steps have been taken to re-open several others and the enthusiasm shown by those concerned, particularly the Head Teachers, is most heartening : there will certainly be no lack of support in re-instituting the service when the amenities previously provided have been so sorely missed.

The work it has been possible to undertake for the children during 1951 is again less in amount than in the previous year with the exception of the treatment for irregularities of the teeth and jaws, which has remained steady at its previous level. With such acute understaffing, the type of treatment given has also had to be modified. The concentration of work directed to saving the teeth has had to give way to a greater extent in favour of treatment to relieve pain and eradicate sepsis. It will be noted, in this connection, that the number of conservation operations has fallen by 2,914 as against a reduction in extractions of 773. The necessity for this is greatly regretted as prevention is the essence of an efficient dental service but, obviously, the immediate needs of the children must be met as far as possible. The signs of revival of the service give hope that more energies can soon be devoted to the kind of treatment which is of really lasting benefit, namely, preservation."

A. C. WILSON,

County Dental Officer.

SCHOOL OPHTHALMIC CLINICS, 1951

The following table shows the work done in the School Ophthalmic Clinics during 1951.

The number of sessions held during the year increased by 63, compared with 1950. 1,153 more defects were dealt with than in the previous year, and the number of spectacles prescribed also increased from 2,590 in 1950 to 3,333.

The delay in the supply of spectacles has now been considerably shortened, as shown by the number of 2,825 supplied (see table IV, group 2). This figure has been obtained from the Herts Executive Council and the Enfield and Hertford Group Hospital Management Committees. The Herts Executive Council continues to be responsible for the provision of spectacles under the Supplementary Ophthalmic Services for all of the County except the East

Herts division, which coincides with the North East Metropolitan Regional Hospital Board's area in Hertfordshire. In this latter part, the Hertford and Enfield Group Hospital Management Committees are responsible for their provision.

Centre	No. of Sessions	No. of Defects dealt with		No. of pupils for whom spectacles were prescribed	Attend-ances
		Error of Refraction, including Squint	Other Defects		
North Herts.					
Hitchin	45	418	2	180	484
Stevenage	13	198	—	33	181
	58	616	2	213	665
East Herts.					
Hertford	86	1,123	105	327	1,187
Bishop's Stortford	43	262	7	138	467
Buntingford	11	74	8	27	95
Waltham Cross	39	344	1	159	611
	179	1,803	121	651	2,360
Mid Herts.					
Hatfield	31	338	2	158	430
Welwyn Garden City	28	243	2	127	438
	59	581	4	285	868
St. Albans.					
St. Albans	101	873	200	554	1,113
Harpenden	14	157	1	57	196
Boreham Wood	21	160	—	108	277
	136	1,190	201	719	1,586
South Herts.					
East Barnet	72	720	1	347	704
Barnet	36	318	—	172	330
	108	1,038	1	519	1,034
South-West Herts.					
Watford	245	1,604	10	685	1,602
Rickmansworth	19	124	3	45	124
	264	1,728	13	730	1,726
Dacorum.					
Berkhamsted	29	152	4	66	192
Hemel Hempstead	49	345	7	150	404
	78	497	11	216	596
Grand Totals for the whole County	882	7,453	353	3,333	8,835

SCHOOL ORTHOPTIC CLINICS, 1951

The following table shows the work done in the School Orthoptic Clinics during 1951.

There is a reduction in the number of sessions worked, owing to one of the orthoptists transferring to part-time employment during the year.

Centre	Sessions	Individual Children on Treatment		Total Attendances made	Number Discharged		Preliminary Examinations		Waiting List of new cases for regular treatment as at 31st December, 1951
		New Cases	Old Cases		Cured	Discontinued after treatment	No. of individual children found: Unsuitable by Orthopist	Accepted and placed on Waiting List	
St. Albans . .	193	28	47	1,340	11	12	12	44	6
Hatfield . . .	90	9	17	565	3	7	8	27	11
Watford . . .	544	71	42	3,005	33	29	10	78	13
Hemel Hempstead .	157	31	24	923	8	28	37	33	6
East Barnet . .	90	10	15	386	10	5	Nil	24	21
Ware . . .	206	16	60	998	15	31	3	41	12
Totals . .	1,280	165	205	7,217	80	112	70	247	69

SPEECH THERAPY CLINICS, 1951

The following table gives details of the number of sessions for treatment, and attendances of pupils at the Speech Therapy Clinics during 1951. During the year, 9,739 attendances were made by pupils under treatment or observation—an increase of 1,220, compared with last year. 223 pupils completed their course of treatment and were discharged.

Clinics	Sessions	Attendances	On books at 1st January, 1952	
			Under treatment	Under observation
North Herts.				
Stevenage	56	324	15	3
Hitchin	80	378	14	3
Letchworth	88	464	17	3
St. Albans.				
St. Albans	197	982	55	6
Harpenden	42	387	10	2
Boreham Wood	42	155	6	5
Dacorum.				
Hemel Hempstead	66	307	8	2
Berkhamsted	44	255	7	3
Mid Herts.				
Welwyn Garden City	126	608	20	1
Hatfield	45	250	9	1
South-West Herts.				
65 Queens Road, Watford	191	1,232	24	8
436 St. Albans Road, Watford	51	256	16	1
Oxhey	15	92	11	—
Rickmansworth	38	150	6	—
South Herts.				
High Barnet	216	1,211	42	22
East Barnet	127	565	19	12
East Herts.				
Waltham Cross	80	422	14	7
Hoddesdon	50	249	7	4
Rye Park	38	224	8	1
Broxbournebury School	12	130	11	1
Ware	76	288	12	6
Bishop's Stortford	76	360	11	5
Hertford	68	265	14	4
Buntingford	45	185	5	3
	1,869	9,739	361	103

HANDICAPPED PUPILS

The authority now has records of 1,464 handicapped pupils comprising 939 boys and 525 girls distributed among the various categories as shown by the following tables :—

Category	In Special Schools	Awaiting Special Schools	Receiving Home Tuition or other individual treatment	Total
Multiple	16	12	—	28
(A) Blind	10	12	—	22
(B) Partially sighted . .	21	4	1	26
(C) Deaf	45	6	—	51
(D) Partially deaf . .	16	17	5	38
(E) Delicate . . .	33	9	6	48
(F) Diabetic . . .	1	—	—	1
(H) Epileptic . . .	12	1	1	14
(J) Physically Handicapped .	26	19	67	112
(K) Speech	1	—	464	465

Category G	In Special Schools	Awaiting Special Schools	Special Education in ordinary schools	Totals
Educationally Sub-normal .	188	115	90	393

Category I	In Special Schools or Hostels	Awaiting Special Schools or Hostels	Treatment under Child Guidance Clinic arrangements	Totals
Maladjusted . . .	87	35	144	266

Pupils with Multiple Handicaps.—The number of pupils in this category has increased from 27 in 1950 to 28 in the present year. There are now 16 children in special schools : the remainder are awaiting vacancies. Eleven of these are awaiting admission to special schools directly maintained by the Education Committee, three are primarily partially deaf and though also educationally sub-normal they are considered suitable for Tewin Water. Eight others who are educationally sub-normal, with secondary handicaps, are regarded as suitable for either Kingsmead or Broxbournebury. The remaining child is a feeble-minded, severe epileptic, who may have to be excluded from the educational system, and dealt with under the Mental Deficiency Acts.

Blind Pupils.—There is no change in the total number of blind children this year compared with 1950. The 12 children awaiting admission to Schools for the Blind are all under seven years of age, and can probably be admitted to the Sunshine Homes for Blind Babies run by the National Institute. One has already been seen by the National Institute's Consultant Ophthalmologist and Educational Psychologist, and accepted to the waiting list : eight others have been accepted to the provisional waiting list and are at present awaiting these further examinations. Of the remaining three, two are temporarily ascertained as blind, but are continuing to receive medical treatment, and may improve sufficiently to be suitable later for Schools for the Partially-Sighted. The remaining one has since been found to be ineducable, and is on the waiting list for Institutional care under the Mental Deficiency Acts.

Partially-sighted Pupils.—There are now 26 children on the register, compared with 24 in the previous year. Of the four children awaiting places in special schools, two have been offered vacancies and are being admitted at the commencement of the Spring term, 1952, and the other two will probably be admitted in the Summer term.

Deaf Pupils.—The numbers in this category have only increased by one to 51 this year. There are six children awaiting places in special schools : four of these are under five years of age, but owing to the two or three years waiting list now operating in the Nursery Schools for the Deaf, it will not be possible to admit these children to special schools until they are five years of age, when they are eligible for the main Deaf Schools, where the provision is fairly adequate. Of the remaining two children awaiting entry to special schools, it should be possible to admit one without undue delay. The other child is a very difficult case, complicated by severe emotional disturbance, who had previously been in a residential Special School, but was excluded, and has in the past two years been receiving home tuition, and been under psychiatric supervision. He has made encouraging progress under his home teacher, and endeavours are being made to arrange for his readmission to a special school.

Partially-deaf Pupils.—The number of children in this category is 38. The waiting list continues to grow, having risen from 12 to 17 during the year under review. It is hoped that all these children will be catered for in the Authority's new school at Tewin Water, when this is opened, some time in 1953. A further five children receiving individual treatment are at present managing satisfactorily in the ordinary school, where special arrangements have been made for them.

Delicate Pupils.—The needs of this type of child continue to be met very satisfactorily. These cases usually spend periods of between three to six months at the residential open air schools recognized by the Ministry of Education. During the year, 35 children were discharged from these schools, having made a satisfactory recovery and become fit to attend ordinary schools. The position at the end of the year was that there were 33 children still in Special Schools and nine awaiting vacancies. Thus 77 delicate pupils were dealt with under these arrangements, compared with 91 in 1950. In addition to the children sent to open-air schools, there were six children on the register at the end of 1951 for whom modifications in the curriculum at the ordinary schools had been arranged. This compares with the figure of seven for the previous year.

Epileptics.—There is a reduction in the number of this type of pupil awaiting places. During the year, seven cases were admitted to special schools, and two others on the waiting list improved considerably under medical care, and are now attending ordinary schools.

One child at present shown as receiving individual treatment is being tried in the ordinary school under special surveillance, following a recent improvement under medical treatment.

Physically-handicapped Pupils.—This category consists of children with severe crippling conditions, and also children with much less severe disabilities who may require some modification of the school curriculum, or transporting to school for medical reasons. Of the 19 cases awaiting admission to special schools, six are children who have severe spastic paralysis, and are receiving home tuition as a temporary measure until they can be found vacancies in residential schools.

Two other children are being admitted to special schools early in 1952, and a third, aged five years, is to be accepted at a local Nursery School on trial, pending a vacancy at St. Margaret's School for Spastics, Croydon.

The figure of 67 children recommended home tuition or other individual treatment includes 24 recommended home tuition who are unfit for the ordinary or special schools. The remaining number is made up of 23 children who have been supplied with transport to school for medical reasons, and 20 who follow a modified curriculum in ordinary schools.

Educationally Sub-normal Pupils.—There are now 188 pupils attending special schools for the Educationally Sub-normal, an increase of 12 on the 1950 figure. The waiting list has been reduced from 144 to 115 during the same period. This reduction is due partly to the number admitted to special schools during the year—i.e., 42 ; and there is a further reduction in that certain children, whose parents had refused vacancies, have now attained school-leaving age and their names have been taken off the waiting list. Against this, one must offset the addition of 34 pupils ascertained during 1951 as educationally sub-normal, and recommended admission to a Special School. This waiting list of 115 children is made up of 57 cases where the parents have accepted the advice of the Authority's approved Medical Officers, and the children's names have been added to the " active " waiting list for Kingsmead and Broxbournebury Special Schools. The remaining 58 children are not on this list, as the parents will not consent to special schooling.

Retarded, as opposed to educationally sub-normal, children are regarded as cases of educational difficulty, and the Educational Psychologists offer advice to the teachers in the schools. In previous years, the figure returned of children receiving special educational treatment in the ordinary schools did include a number of these cases. Now the number shown refers only to handicapped Educationally Sub-normal Pupils who have been ascertained by an approved Medical Officer, and where, despite the pupils sub-normal intelligence, it is considered their needs can best be met in special classes or under some other modified curriculum in the ordinary schools.

Maladjusted Pupils.—There is no appreciable change in the numbers of maladjusted pupils in special schools or those awaiting vacancies compared with 1950. The number undergoing treatment has increased from 123 in 1950 to 144.

HOLIDAY HOMES

Ninety-five children were sent away for short-term convalescence. Only eight of these were away at the end of 1951 and one child was still awaiting a vacancy.

Recommendations were made in respect of 95 children for the following reasons :—

Poor general condition and undernourishment	35
Asthma, bronchitis, bronchiectasis	15
Following infectious disease	7
Post-operative debility	12
Tuberculosis	5
Glandular conditions	3
Otitis media	4
Post-rheumatic conditions	5
Other conditions	9
	95

Of these recommendations, in 10 cases the parents subsequently withdrew their consent, and convalescence was not arranged.

STATISTICAL TABLES FOR THE WHOLE COUNTY

Medical Inspection and Treatment, 1951

(1950 figures in italics)

School Population, 1951.

The number of scholars on school rolls, and schools on 31st July, 1951, were :—

Primary School children	47,979	*45,323*
Secondary School children	26,159	*25,529*
	74,138	*70,852*
	Depts.	*Depts.*
Number of Primary Schools	249–277	*240–277*
Number of Secondary Schools	66–71	*65–70*

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

(This return refers to a complete calendar year)

A. Periodic Medical Inspections.

Number of Inspections in the prescribed Groups (see note below) :—

Entrants	10,835	*9,583*
Second Age Group	7,108	*6,704*
Third Age Group	6,689	*5,992*
Total	24,632	*22,279*
Number of other periodic Inspections	8,320	*7,659*
Grand Total	32,952	*29,938*

B. Other Inspections.

Number of Special Inspections	7,073	*7,073*
Number of Re-inspections	27,041	*25,214*
Total	34,114	*32,287*

C. Pupils Found to Require Treatment.

Number of individual pupils found at periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Notes.

(1) Pupils found at periodic Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.

(2) No individual pupil should be recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Group (1)	For defective vision (excluding squint) (2)		For any of the other conditions recorded in Table IIA (3)		Total individual pupils (4)	
Entrants	300	*251*	1,932	*1,711*	2,122	*1,846*
Second Age Group	360	*403*	1,063	*807*	1,347	*1,126*
Third Age Group	305	*266*	581	*376*	827	*607*
Total (Prescribed Groups)	965	*920*	3,576	*2,894*	4,296	*3,579*
Other Periodic Inspections	419	*401*	1,252	*1,001*	1,569	*1,310*
Grand Total	1,384	*1,321*	4,828	*3,895*	5,865	*4,889*

NOTE ON TABLE I.

The age-groups subjected to periodic Medical Inspection are those prescribed by Regulation 49 (2) (*a*), (*b*), and (*c*) of the Handicapped Pupils and School Health Service Regulations, 1945. Those subjected to periodic Medical Inspection under 49 (2) (*d*) should be included as " other periodic Inspections ". The age-group or groups inspected under Regulation 49 (2) (*d*) should be specified in the body of the School Medical Officer's Report.

Regulation 49 (2) reads as follows :—

" Subject as in these Regulations provided, the arrangements as to the medical inspection of pupils shall be such that :—

(*a*) every pupil who is admitted for the first time to a maintained school shall be inspected as soon as possible after the date of his admission ;

(*b*) every pupil attending a maintained Primary School shall be inspected during the last year of his attendance at such a school ;

(*c*) every pupil attending a maintained Secondary School shall be inspected during the last year of his attendance at such a school ; and

(*d*) every pupil attending a maintained school or County College shall be inspected on such other occasions as the Minister may from time to time direct or the Authority with the approval of the Minister may determine."

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1951.

NOTE :—All defects noted at medical inspection as requiring treatment should be included in this return, *whether or not this treatment was begun before the date of the inspection.*

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		Number of Defects		Number of Defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin . . .	319 *156*	276 *300*	516 *427*	11 *19*
5	Eyes—				
	(*a*) Vision . .	* 1,384 *1,321*	1,903 *1,415*	305 *385*	87 *62*
	(*b*) Squint .	290 *249*	266 *246*	26 *38*	8 *12*
	(*c*) Other . .	153 *134*	125 *144*	176 *141*	22 *21*
6	Ears—				
	(*a*) Hearing .	55 *40*	118 *93*	66 *97*	18 *22*
	(*b*) Otitis Media .	55 *49*	81 *95*	42 *52*	4 *4*
	(*c*) Other . .	94 *62*	118 *87*	118 *148*	21 *24*
7	Nose or Throat .	852 *927*	2,336 *2,008*	332 *419*	86 *60*
8	Speech . .	138 *104*	180 *170*	69 *75*	24 *16*
9	Cervical Glands .	51 *40*	893 *737*	12 *15*	24 *15*
10	Heart and Circulation . . .	149 *87*	438 *626*	34 *46*	41 *34*
11	Lungs . . .	242 *196*	521 *591*	72 *69*	63 *49*
12	Developmental—				
	(*a*) Hernia. .	33 *27*	64 *47*	1 5	3 —
	(*b*) Other . .	64 *18*	216 *113*	6 *16*	14 *4*
13	Orthopædic—				
	(*a*) Posture .	570 *471*	437 *319*	60 *43*	11 *13*
	(*b*) Flat Foot .	671 *472*	427 *280*	64 *50*	14 *9*
	(*c*) Other . .	820 *701*	736 *706*	141 *132*	27 *38*
14	Nervous System—				
	(*a*) Epilepsy .	16 *13*	24 *23*	8 *3*	6 *4*
	(*b*) Other . .	52 *25*	184 *222*	32 *21*	21 *29*
15	Psychological—				
	(*a*) Development	54 *64*	288 *274*	120 *101*	40 *45*
	(*b*) Stability .	69 *49*	275 *204*	101 *82*	41 *34*
16	Other . . .	452 *309*	581 *520*	1,892 *1,276*	231 *185*

NOTE :—* This figure should normally be equal to that shown as the grand total of Column (2) (" For defective vision (excluding squint) ") of Table Ic.

B. Classification of the General Condition of Pupils Inspected During the Year in the Age Groups (see Note (2) on Table I).

Age Groups	Number of Pupils Inspected		A. (Good)				B. (Fair)				C. (Poor)			
			No.		% of Col. 2		No.		% of Col. 2		No.		% of Col. 2	
(1)	(2)		(3)		(4)		(5)		(6)		(7)		(8)	
Entrants . .	10,835	*9,583*	4,605	*3,672*	42·5	*38·3*	5,924	*5,595*	54·7	*58·4*	306	*316*	2·8	*3·3*
Second Age Group .	7,108	*6,704*	3,140	*2,873*	44·2	*42·8*	3,736	*3,605*	52·6	*53·8*	232	*226*	3·3	*3·4*
Third Age Group .	6,689	*5,992*	3,335	*2,875*	49·9	*48·0*	3,227	*2,977*	48·2	*49·7*	127	*140*	1·9	*2·3*
Other periodic Inspections .	8,320	*7,659*	3,440	*3,182*	41·3	*41·5*	4,593	*4,121*	55·2	*53·8*	287	*356*	3·5	*4·7*
Total . .	32,952	*29,938*	14,520	*12,602*	44·1	*42·1*	17,480	*16,298*	53·0	*54·4*	952	*1,038*	2·9	*3·5*

Note :—The figures in Column (2) should normally equal those detailed under Table Ia.

TABLE III

Infestation with Vermin

Notes :—A statement as to the arrangements made by the Local Education Authority for the examination and cleansing of infested pupils should appear in the body of the School Medical Officer's Report.

All cases of infestation, however slight, should be recorded.

The return should relate to individual pupils and not to instances of infestation.

(i) Total number of examinations in the schools by the school nurses or other authorized persons	254,743	*264,984*
(ii) Total number of individual pupils examined	74,138	
(iii) Total number of *individual* pupils found to be infested . .	789	*795*
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) . .	89	*75*
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) . .	5	Nil

TABLE IV

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

Notes :—(*a*) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(*b*) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

[*N.B.*—The information asked for in this table falls into these two Divisions (*a*) and (*b*), except in Group 5 (Child Guidance Treatment).]

Group 1.—Diseases of the Skin (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year			
	By the Authority		Otherwise	
Ringworm—(i) Scalp	Nil	*4*	Nil	*21*
(ii) Body	14	*15*	1	*3*
Scabies	10	*23*	6	*4*
Impetigo	331	*327*	7	*15*
Other skin diseases	1,903	*1,311*	85	*79*
Total	2,258	*1,680*	99	*122*

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with			
	By the Authority		Otherwise	
External and other, excluding errors of refraction and squint	1,171	*1,093*	83	*82*
Errors of refraction (including squint)	7,453	*6,342**	209	*244*
Total	8,624	*7,435*	292	*326*
Number of pupils for whom spectacles were				
(*a*) Prescribed	3,333	*2,590**	5	*10*
(*b*) Obtained	2,828	*2,695**	16	*22*

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE, AND THROAT.

	Number of cases treated			
	By the Authority		Otherwise	
Received operative treatment—				
(*a*) For diseases of the ear	—		42	*20*
(*b*) For adenoids and chronic tonsillitis	—		893	*859*
(*c*) For other nose and throat conditions	—		31	*16*
Received other forms of treatment	365	*447*	173	*143*
Total	365	*447*	1,049	*1,038*

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS.

(*a*) Number treated as in-patients in hospitals	63	*88*
	By the Authority	Otherwise
(*b*) Number treated otherwise, e.g. in clinics or out-patient departments	—	220 *794*

GROUP 5.—CHILD GUIDANCE TREATMENT

	Number of cases treated			
	In the Authority's Child Guidance Clinics		Elsewhere	
Number of pupils treated at Child Guidance Clinics	1,054	*929*	16	*16*

GROUP 6.—SPEECH THERAPY.

	Number of cases treated			
	By the Authority		Otherwise	
Number of pupils treated by Speech Therapists	687	*580*	9	*5*

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated			
	By the Authority		Otherwise	
(*a*) Miscellaneous minor ailments	5,874	*6,118*	197	*161*
(*b*) Other (specify)—				
(1) Lungs	—		160	*149*
(2) Heart	—		48	*42*
(3) Tuberculosis	—		42	—
(4) Glands	—		10	*26*
(5) Nervous System	—		53	*41*
(6) Developmental	—		17	—
(7) Rheumatism	—		15	—
(8) Others	—		58	*186*
Total	5,874	*6,118*	600	*605*

TABLE V

Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers :—		
(*a*) Periodic age groups	8,506	*10,788*
(*b*) Specials	3,870	*3,988*
Total	12,376	*14,776*
(2) Number found to require treatment	8,509	*10,105*
(3) Number referred for treatment	8,327	*9,981*
(4) Number actually treated	7,063	*8,298*
(5) Attendances made by pupils for treatment	14,735	*17,341*
(6) Half-days devoted to : Inspection	62½	*85½*
Treatment	1,683½	*1,932½*
Total	1,746	*2,018*
(7) Fillings : Permanent teeth	5,151	*5,995*
Temporary teeth	1,904	*2,360*
Total	7,055	*8,355*
(8) Number of teeth filled : Permanent teeth	4,818	*5,367*
Temporary teeth	1,873	*2,213*
Total	6,691	*7,580*
(9) Extractions : Permanent teeth	1,222	*2,033*
Temporary teeth	6,824	*6,786*
Total	8,046	*8,819*
(10) Administration of general anæsthetics for extraction	3,548	*4,076*
(11) Other operations : Permanent teeth	2,436	*3,159*
Temporary teeth	2,978	*3,869*
Total	5,414	*7,028*

APPENDIX

CLINIC SERVICES.

(March, 1952.)

NORTH HERTFORDSHIRE DIVISION.

(*a*) *Minor Ailments.*

	Open.	*In Attendance.*
Baldock—Medical Room, Senior School	Monday, Wednesday, Friday, 9.30 a.m.	Wednesday, 9.30 a.m. Dr. Moynihan.
Hitchin—The Maples, Bedford Road .	Monday, Wednesday, Friday, 9–10 a.m.	Friday, 10 a.m. Dr. V. R. Walker.
Letchworth—Howard Hall, Norton Way.	Monday, Wednesday, Friday, 9–10 a.m.	Wednesday, 10.30–12. Dr. S. Moyniham.
Stevenage—27 High Street . .		Children to see Dr. to attend I.W.C. on Wednesday, p.m.

(*b*) *Ophthalmic.*

Hitchin—The Maples, Bedford Road .	Thursday, 10–12 noon.	Dr. R. G. Hodder.
Stevenage—27 High Street . .	2nd and 4th Friday, a.m.	Dr. R. G. Hodder.

(*c*) *Speech.*

Hitchin—The Maples, Bedford Road .	Tuesday, a.m., p.m.	Miss A. McIlroy.
Letchworth—Howard Hall, Norton Way.	Monday, a.m., p.m.	
Stevenage—27 High Street . .	Thursdays, a.m., p.m.	

(*d*) *Child Guidance.*

Hitchin—The Maples, Bedford Road .	Friday, a.m., p.m.	Dr. Philips, Miss Jones.
	Tuesday, a.m., p.m.	Dr. L. Rose.

(*e*) *Dental Clinics.*

Baldock—Welfare Centre, Pinnocks Lane.	Wednesday, all, p.m.
Hitchin—The Maples, Bedford Road .	Mondays, alter., p.m. Wednesday, all, a.m. Friday, 2nd and 4th p.m.
Letchworth—Howard Hall, Norton Way.	Monday, all, a.m. Tuesday, alter., a.m. Friday, 1st and 3rd, p.m.

EAST HERTFORDSHIRE DIVISION.

(*a*) *Minor Ailments.*

	Open.	*In Attendance.*
Bishop's Stortford—Nurses Home, Portland Road.	Daily, 9–9.30 a.m.	2nd Friday, 9.30-12 noon. Dr. Jones.
Buntingford	Children referred to Dr. Wigfield's surgery when schools in session, 9–10 a.m.	
Hertford—Welfare Centre, Bull Plain .	Daily, 9–9.30 a.m.	Tuesday, 9.30–12 noon. Dr. L. Karpati.
Hoddesdon—F.A.P., Council Offices .	Daily, 9–9.30 a.m.	4th Wednesday, 9.30–12 noon. Dr. Jones.
Ware—87 High Street . . .	Daily, 9–9.30 a.m.	Wednesday, 9.30–12 noon. Dr. L. Karpati.
Waltham Cross—Welfare Centre, High Street.	Daily, 9–9.30 a.m.	4th Friday, 9.30–12 noon. Dr. Crawley.

(*b*) *Ophthalmic.*

Hertford—National Eye Service, Parliament Square.	Monday and Wednesday, 9.30 a.m.	Dr. G. W. May.
Bishop's Stortford—Haymeads Hospital.	Monday, 2 p.m.	Dr. G. W. May.
Buntingford—Bridgefoot House .	Tuesday, 10–12 noon monthly.	Dr. G. W. May
Waltham Cross—Welfare Centre, High Street.	Friday, 9.30–11.30 a.m.	Dr. G. W. May.

(*c*) *Orthoptic.*

Ware—87 High Street . . .	Monday, a.m. and p.m. Thursday, a.m. and p.m.	Miss P. M. Baxter

(*d*) *Speech.*

Bishop's Stortford—Nurses' Home, Portland Road.	Wednesday, a.m., and p.m.	Miss N. M. Douglas
Broxbournebury School . . .	Tuesday, p.m.	Miss N. M. Douglas.
Buntingford—Bridgefoot House .	Thursday, p.m.	Miss N. M. Douglas.
Hertford—Welfare Centre, Bull Plain .	Tuesday, a.m., p.m.	Miss J. M. Collins.
Hoddesdon—F.A.P. Council Offices .	Tuesday, a.m.	Miss N. M. Douglas.
Rye Park—Welfare Centre. . .	Thursday, a.m.	Miss N. M. Douglas.
Waltham Cross—Welfare Centre, High Street.	Friday, a.m., p.m.	Miss N. M. Douglas.
Ware—87 High Street . . .	Monday, p.m.	Miss N. M. Douglas.

(*e*) *Child Guidance.*

Hoddesdon—F.A.P. Council Offices .	Thursday, a.m.	Dr. Pott, Mrs. Oppenheimer.
	Thursday, p.m.	Dr. Phillips, Dr. Pott, Mrs. Oppenheimer.

(*f*) *Dental.*

Hertford—27 Bull Plain . . .	Monday, a.m., Thursday, a.m., and 1st, 3rd, and 5th, p.m. Friday, a.m., p.m. Saturday, alternate a.m.	
Much Hadham—The Village Hut .	Wednesday, 2nd, 3rd, 4th, p.m.	
Waltham Cross—Welfare Centre, High Street.	Tuesday, alternate, a.m., all, p.m. Thursday, all, p.m. Friday, all, p.m.	
Bishop's Stortford—25*a* Portland Road	Monday, alternate, a.m. (Orthodontic).	

SOUTH HERTFORDSHIRE DIVISION.

(*a*) *Minor Ailments.*

	Open.	*In Attendance.*
Barnet—Vale Drive	Daily, 9–9.30 a.m.	Mondays, 9.30–11.30 a.m. Dr. H. E. Ormiston.
East Barnet—151 East Barnet Road .	Daily, 9–9.30 a.m.	2nd and 4th Friday, 9.30 a.m. Dr. H. E. Ormiston.
East Barnet—Church Farm . .	Daily, 9–9.30 a.m.	

(*b*) *Ophthalmic.*

Barnet—Vale Drive	1st, 3rd, 4th, and 5th Fridays, 10 a.m.–12.30 p.m. 2nd Friday, a.m., optional.	Dr. K. Matthews.
East Barnet—Church Farm, Burlington Rise.	Wednesday, a.m., and 1st and 3rd Monday, a.m.	Dr. M. Lones.

(*c*) *Orthoptic.*

East Barnet—Church Farm, Burlington Rise.	Monday, a.m., p.m. Thursday, a.m., p.m.	Miss J. P. Garfitt.

(*d*) *Speech.*

Barnet—F.A.P. Vale Drive . .	Wednesday, a.m., p.m., Friday, a.m., p.m.	Miss G. M. Farmer.
East Barnet—Church Farm, Burlington Rise.	Tuesday, a.m., p.m. Thursday, a.m.	Miss G. M. Farmer.

(*e*) *Child Guidance.*

Barnet—F.A.P., Vale Drive . .	Thursday, a.m., p.m.	Dr. Mannheim. Dr. Gillespie. Miss Stewart.

(*f*) *Dental.*

East Barnet—149 East Barnet Road .	Monday, a.m. Tuesday, all, a.m., p.m. Wednesday, alternate, a.m. Friday, 1st, 3rd, and 5th, a.m., all p.m.	

East Barnet—Church Farm, Burlington Rise.	Thursday, all, a.m., p.m.
High Barnet—F.A.P., Vale Drive .	Monday, all, a.m., p.m. Tuesday, all, a.m., p.m. Wednesday, all, a.m., p.m. Thursday, all, a.m., p.m. Friday, all, a.m., p.m. Saturday, alternate, a.m.

DACORUM DIVISION.

(*a*) *Minor Ailments.*

	Open.	*In Attendance.*
Berkhamsted—The Hut, Council Offices	Monday, Wednesday, Friday, 9–10 a.m.	Wednesday, 9–10.30 a.m. Dr. M. M. Harwood.
Hemel Hempstead—Corner Hall .	Monday, Wednesday, Friday, 9 a.m.	Doctor does not attend.
Tring—Church Room, Akeman Street .	Wednesday, 9–10 a.m.	Dr. M. M. Harwood attends at 11 a.m. when required.

(*b*) *Ophthalmic.*

Berkhamsted—The Hut, Council Offices	1st Wednesday each month, 2–4 p.m.	Dr. N. W. Gardener.
Hemel Hempstead—Churchill, Park Road.	Monday, 2.30–4.30 p.m. Friday as required.	Dr. R. S. E. Brewerton.

(*c*) *Orthoptic.*

Hemel Hempstead—Churchill, Park Road.	Monday, a.m., as required. Monday, p.m. Wednesday, a.m., p.m.	Miss M. A. Bickerton.

(*d*) *Speech.*

Berkhamsted—The Hut, Council Offices	Tuesday, a.m.	Mr. L. Willmore.
Hemel Hempstead—Churchill, Park Road.	Friday, p.m.	Mr. L. Willmore.

(*e*) *Dental.*

Hemel Hempstead—Churchill, Park Road.	Monday, all, a.m. Tuesday, all, a.m. Wednesday, all, a.m., p.m. Friday, all, a.m., p.m.

MID HERTFORDSHIRE (WELWYN) DIVISION.

(*a*) *Minor Ailments.*

	Open.	*In Attendance.*
Hatfield—Northcotts . . .	2nd and 4th Tuesdays, 9.30–10.15 a.m.	2nd and 4th Tuesday, 9.30–10.15 a.m. Dr. M. S. Miller.
Green Lanes, Dellfield, and St. Audrey's Schools.	Daily.	Dr. Miller visits these schools on 2nd and 4th Tuesday, 10.30–12 noon.
Welwyn Garden City—Community Centre Annexe.	Daily, 9 a.m.	Monday, 9.30 a.m. Dr. M. S. Miller.
Welwyn Garden City—Handside S.M. School.	Monday, Wednesday, Friday, 9.30 a.m.	Nurse's Clinic only.

(*b*) *Ophthalmic.*

Hatfield—Northcotts, Great North Road.	2nd, 3rd, and 4th Tuesday, p.m.	Dr. M. Lones.
Welwyn Garden City—Community Centre.	1st, 2nd, and 4th Tuesday, a.m.	Mr. L. M. Green.

(*c*) *Orthoptic.*

Hatfield—Northcotts, Great North Road.	Tuesday, p.m. Thursday, a.m.	Miss M. A. Bickerton.

(*d*) *Speech.*

Hatfield—Northcotts . . .	Wednesday, p.m.	Miss A. McIlroy.
Welwyn Garden City—Community Centre Annexe.	Friday, a.m., p.m.	

(*e*) *Dental.*

Welwyn Garden City—Community Centre Annexe.	Monday, p.m. Tuesday, a.m., p.m. Wednesday, a.m., p.m.
Hatfield—Northcotts, Great North Road.	Monday, p.m., monthly (Orthodontic).

ST. ALBANS DIVISION.

a) Minor Ailments.	*Open.*	*In Attendance.*
Harpenden—40 Luton Road . .	Wednesday, 9–11 a.m.	Wednesday, 9.30–11 a.m. Dr. E. Colman.
London Colney—C.C. Junior School, Kings Head Road .	2nd and 4th Fridays, 9.30–12 noon.	2nd and 4th Fridays, 9.30–12 noon. Dr. E. Colman.
St. Albans—Wellington Court, Bricket Road.	Monday, 9–12 noon.	Monday, 9.30 a.m.–12 noon. Dr. M. Randell.
(*b*) *Ophthalmic.*		
Boreham Wood—F.A.P., Shenley Road	2nd and 4th Tuesdays, a.m.	Dr. M. Lones.
Harpenden—40 Luton Road . .	2nd and 4th Mondays, a.m.	Dr. R. G. Hodder.
St. Albans—Wellington Court, Bricket Road.	Tuesdays, a.m. and p.m. Fridays, a.m., as required.	Dr. K. Matthews.
(*c*) *Orthoptic.*	Mondays, p.m.	Dr. R. G. Hodder.
St. Albans—Wellington Court, Bricket Road.	Mondays, a.m., as required. Tuesday, a.m. Thursday, p.m. Friday, a.m., p.m.	Miss M. Bickerton.
(*d*) *Speech.*		
Boreham Wood—F.A.P., Shenley Road	Monday, a.m., p.m.	Miss G. M. Farmer.
Harpenden—40 Luton Road . .	Thursday, a.m.	Mrs. M. Greene.
St. Albans—Wellington Court, Bricket Road.	Monday, a.m., p.m. Tuesday, a.m., p.m. Thursday, a.m., p.m. Friday, a.m., p.m.	Miss. J. Chapman.

(*e*) *Child Guidance.*

Child Guidance Clinics held at Hill End Hospital, St. Albans.

When held.	*In Attendance.*	*When held.*	*In Attendance.*
Monday, a.m.	Dr. Lucas. Miss Jones. Miss Stewart.	p.m.	Dr. Lucas. Dr. Pott. Miss Stewart.
Tuesday, a.m.	Dr. Vacher. Dr. Pritchard. Dr. Mannheim. Mrs. Stekel.	p.m.	Dr. Vacher. Dr. Pritchard. Mrs. Stekel.
Wednesday, a.m.	Dr. Doyle.	p.m.	Dr. Doyle.
Thursday, a.m.	Dr. Lucas.	p.m.	Dr. Lucas.
Friday, a.m.	Dr. Lucas. Dr. Vacher. Miss Stewart. Dr. Rose.	p.m.	Dr. Vacher. Miss Stewart.

(*f*) *Dental.*

St. Albans—Wellington Court, Bricket Road	Monday all, a.m., p.m. Tuesday all, a.m., p.m. Wednesday all, a.m., p.m. Thursday all, a.m., p.m. Friday all, a.m., p.m. Saturday, alternate a.m.
Harpenden—National Children's Home .	Monday all, a.m.

SOUTH-WEST HERTFORDSHIRE DIVISION.

(*a*) *Minor Ailments.*

	Open.	*In Attendance.*
Bushey—Congregational Hall . .	Monday, Wednesday, Friday, 9–10 a.m.	2nd and 4th Wednesday, 9.30–11 a.m. Dr. B. Bunch.
Croxley Green—Malvern Way School .	Daily, 9–10 a.m.	1st and 3rd Wednesday, 9.30–11 a.m. Dr. D. M. King.
Rickmansworth—Mill End S.M. School	Monday, Wednesday, Friday, 9–10 a.m.	2nd and 4th Wednes- 9.30–11 a.m. Dr. R. M. Allinson.
Watford—65 Queen's Road . .	Daily, 9–12 noon	Monday and Friday, 9.30–12 noon. Dr. R. M. Allinson.
Oxhey—Oxhey Place . . .	Monday to Friday, 9–10.30 a.m.	Monday, Dr. F. Barasi. 9.30–12 noon.

(*b*) *Ophthalmic.*

Watford—65 Queen's Road . .	Monday, p.m.	
	Saturday, a.m.	Dr. N. Gardener.
	Tuesday, p.m.	Dr. A. J. Williamson.
	1st and 3rd Friday, a.m.	Dr. R. S. Brewerton.
Rickmansworth—The Bury . .	Thursday, a.m.	2nd and 4th. Dr. R. S. Brewerton.

(*c*) *Orthoptic.*

Watford—65 Queen's Road . .	Daily, by appointment	Miss J. Davie.

(*d*) *Speech.*

Rickmansworth—The Bury . .	Friday, a.m.	Miss Collins.
Watford—65 Queen's Road . .	Monday, p.m. Wednesday, a.m., p.m. Friday, a.m.	Mr. L. Willmore.
Watford—436 St. Albans Road . .	Wednesday, a.m.	Miss Chapman.
Watford—436 St. Albans Road . .	Friday, p.m.	Miss Collins.
Oxhey—Oxhey Place . . .	Wednesday, p.m.	Miss Chapman.

(*e*) *Child Guidance.*

Watford—The Hut, 1 St. Albans Road.	Wednesday, a.m., p.m.	Miss Stewart. Dr. Mannheim. Miss Jones.
	Thursday, a.m.	Dr. Doyle.
	p.m.	Dr. Doyle and Miss Jones.
Oxhey—Oxhey Place . . .	Monday, p.m.	Dr. Palmer. Miss Jones.

(*f*) *Dental.*

Watford—The Avenue . . .	Monday, all, a.m., p.m. Tuesday, a.m. Wednesday, all, a.m., p.m. Thursday, a.m., 2nd, 3rd, 4th, p.m. Friday, all, a.m., p.m.
Watford—65 Queen's Road . .	Monday, p.m. Tuesday, a.m., p.m. Wednesday, a.m., p.m. Thursday, a.m., p.m. Friday, p.m. Saturday, alternate a.m.